

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

IMCI ADAPTATION GUIDE

*A guide to identifying necessary adaptations of clinical policies
and guidelines, and to adapting the charts and modules
for the WHO/UNICEF course*

PART 1

B. Procedures for Adapting the Charts and Modules

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The 2002 working draft of the IMCI Adaptation Guide consists of the following sections:

- Section A.** The Adaptation Process
- Section B.** Procedures for Adapting the Charts and Modules
- Section C.** Technical Basis for Adapting the Clinical Guidelines, Feeding Recommendations and Local Terms
- Section D.** Protocol for Adapting the Feeding Recommendations
- Section E.** Protocol for Identifying and Validating Local Terms
- Section F.** Protocol for Designing and Pretesting an Adapted Mother's Card
- Section H.** Modifying the Generic Chart Booklet: Using Microsoft Publisher®

Please provide comments and further input to WHO/CAH, Geneva, Switzerland.

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B. Procedures for Adapting the Charts and Modules

Adapting the charts and modules is a demanding task that must be planned thoughtfully and executed with thorough attention to detail. Selection of suitable staff to supervise and carry out the adaptation is essential. Better computer equipment will greatly facilitate the computer revisions. Using good quality supplies (such as paper and tape) and working on clean, uncrowded surfaces will make the process easier and will result in a better product.

STAFF REQUIRED

To make the actual changes in the charts and modules requires four people with certain characteristics:

- **A secretary, very skilled on computers** (sometimes called a word processing or document expert) to work on the *modules*, who is thoroughly skilled in WordPerfect 5.x for Windows, including working with tables. The secretary should also:
 - ~ be able to spend uninterrupted blocks of time making the changes in the computer files for the modules,
 - ~ be available for the whole period of adapting the modules,
 - ~ be responsible for keeping track of the files on the hard-disk and back-up diskettes, and
 - ~ be patient, attentive to detail and compulsive about completeness and thoroughness.

To make changes in the *chart booklet*, the secretary should also be familiar with advanced features of word processing or desktop publishing, including working with graphics and text boxes. These skills are needed in using the Microsoft Publisher® program to make changes in the chart booklet. (In some cases, the national focal person or adaptation consultant will have received training to use Microsoft Publisher® and will be able to assist in making these changes in the chart booklet.)

Booking the time of such a person in advance is very important.

- **The adaptation expert** (the coordinator of the adaptation subgroup and/or a local consultant trained in adaptation) who:
 - ~ has thorough familiarity with the course,
 - ~ has been trained in how to do adaptation, and
 - ~ is patient, attentive to detail, and compulsive about completeness and thoroughness.
- **Another clinician or trainer** to assist the adaptation expert (to check the changes, help oversee the graphics work, proof final copy, interact with the printer, etc.), who:

- ~ has thorough familiarity with the course,
 - ~ is patient, attentive to detail and compulsive about completeness and thoroughness, and
 - ~ is available for the whole period of adapting the modules.
- **A graphics expert**, with the appropriate equipment, to produce the wall charts. This expert will usually be located at a graphics service or company. However, in some ministries the health education or communications department may have a media *section* with the necessary skills and equipment.

The chart booklet is produced in Microsoft Publisher®. The graphics service will need to convert the chart booklet files to create the large wall charts. To do this, they may convert the files to their particular software or retype the charts to make them compatible for production on their equipment.

EQUIPMENT AND SUPPLIES REQUIRED

- To adapt the **generic modules, recording forms, and facilitator guides**, you will need:
 - Set of diskettes from WHO with computer files for the generic *Integrated Management of Childhood Illness* course in WordPerfect 5.1/5.2
 - Personal computer system requirements:
 - ~ Microprocessor: Pentium computer recommended, or a 80286X processor minimum
 - ~ Memory: 640 KB
 - ~ Hard disk space: 8 MB minimum available for use with WordPerfect 5.2 for Windows
 - ~ Disk drive: 3.5 inch, 1.4 MB capacity
 - ~ Software: WordPerfect 5.1 or 5.2. for Windows (with Windows 3.1 or later version)
 - Printer: Any laser printer capable of printing 300 dots per inch (dpi) and proportional fonts (see Annex B-1, page 19)
 - Printed and bound generic version of the modules

- Optional (useful if the materials will not be translated): single-sided copy of the generic modules and guides
 - Notebook titled section E. *Illustrations and Paste-Ups for the Course Modules*
 - Supplies (may be assembled as Adaptation kit):
 - ~ 1 roll invisible tape in dispenser (does not show on photocopying)
 - ~ 3 refill rolls of invisible tape
 - ~ 1 T-square (for making items straight on the page before taping)
 - ~ 3 pencils
 - ~ 2 red pencils
 - ~ 2 red felt tip pens
 - ~ 1 eraser
 - ~ 1 small pencil sharpener
 - ~ 1 bottle white-out fluid
 - ~ 1 box correction tape
 - ~ 1 scissors
 - ~ 1 writing pad
 - ~ 1 highlighter pen
 - ~ 1 box of diskettes for back-up of adapted modules
 - Photocopy machine which makes clear copies (ability to reduce is helpful)
 - Supply of good quality paper (size A4 and some A3)
- To adapt the generic **chart booklet**, the following are needed:
- Diskette from WHO with the computer files for the generic chart booklet (in Microsoft Publisher® version 2.0). The chart booklet is saved in two files:
 - ~ *Eng_ind.pub* contains the chart pages in A4 Landscape mode (page size 29.7cm x 21cm or 11.69" x 8.27")
 - ~ *Eng_prt.pub* contains the patient recording forms in A4 Portrait mode (page size 21cm x 29.7cm or 8.27" x 11.69")
 - Personal computer system requirements:
 - ~ Microprocessor: Pentium computer recommended, or 80386DX minimum
 - ~ Memory: 16 MB recommended, or 6 MB minimum
 - ~ Hard disk space: 10 MB minimum available
 - ~ Disk drive: 3.5 inch, 1.4 MB capacity
 - ~ Operating system: Windows 3.1 or Windows for Workgroups 3.11
 - ~ Software: Microsoft Publisher® version 2.0 (for Windows 3.1 or 3.11)¹
 - Printer: Any Windows-supported printer capable of printing a minimum of 300 dots per inch (dpi) and True-Type fonts, preferably a laser printer. (The files

¹ The software, Microsoft Publisher® version 2.0, costs approximately US\$ 80. It can be requested from the World Health Organization, Department of Child and Adolescent Health and Development, for use in adapting materials.

have been successfully printed on Hewlett Packard Laser Jet II, III, and IV printers, and on a QMS printer.)

- Depending on the amount of adaptation needed and the approach to be taken to produce the chart booklet and wall charts (see step 7.0 below):
 - ~ One-sided black and white copy of generic chart booklet
 - ~ Black and white copy of generic wall charts

STEPS TO CHANGE THE CHARTS AND MODULES

The steps to make changes in the charts and modules are described below. Additional details, such as about managing the computer files, are in the annexes to this section.

1. Red-pencil all changes into the chart booklet and recording forms

When you start the actual physical adaptation of the chart booklet, charts, modules and other materials, all the decisions about the adaptations in the chart booklet should have been made. The final draft adapted chart booklet is the result of the work done to decide appropriate adaptations, set clinical policies and guidelines, and adapt the feeding recommendations, as described in the previous sections of the *IMCI Adaptation Guide*.

When pencilling the changes into the chart booklet and recording forms, use a red pen or pencil that shows up well. Identify changes needed in the recording form to make it reflect adaptations in the chart booklet. However, any changes in the recording forms will result in much substitution in the preparation of modules and the answer sheets, so keep changes in recording forms to a minimum.

Check the chart and recording form changes to be sure all planned adaptations are addressed. Have another person who is very familiar with the charts check that changes are made in every place they are needed in the chart booklet and recording forms. For example, if a sign is added in the assess column, it must also be inserted in a classification box and on the recording form.

Note: If the chart booklet will be translated, you may begin that process (see Step 6 below) so that translation of the charts is proceeding while you adapt the modules. If the charts will not be translated, you should soon begin working with a graphics expert to produce the adapted chart booklet in a finished form. (See Step 7 below.)

2. Make a list of all changes needed in the charts, and list any other changes needed in the modules which do not appear on the charts

Use the results of technical discussions, any studies of local terms and foods, and the results of the final adaptation meeting to make this list. Make a list summarizing all the chart booklet changes to refer to as you go through the modules. As part of

planning for IMCI in the country, you have also generated a list of the sick child drugs, including their formulations. When you were making technical adaptation decisions, you may have thought of explanations that should be added to or changed in the modules. Also make a list of these.

3. Adapt the recording forms using the computer files

***Note:** Before using any of the generic diskettes, read and follow the instructions in Annex B-2, page 21, which describe how to manage the computer files. If another person will be making the changes in the computer files, give that individual a copy of the instructions. Check periodically that they are following the instructions. Using the recommended procedures can prevent many problems.*

The Sick Child Recording Form and the Young Infant Recording Form are each a separate computer file. These two files use different base fonts and margins than the modules. (See Annex B-3, page 25, for a description of the WordPerfect settings used in the recording form files.) The recording forms are complex tables. Only someone who is experienced making tables in WordPerfect should attempt to revise these files. Be careful with spacing so that all items for assessment and classification will fit on one sheet. Proof the changes and formatting carefully.

Print out the adapted recording forms and make copies to use in planning the changes in the modules (Step 4). If you changed the Sick Child Recording Form, make 75 copies. If you changed the Young Infant Recording Form, make 20 copies. If the recording forms will be translated, you may also begin that step now.

4. Mark all adaptations in the modules and answer sheets in the *Facilitator Guide for Modules* and mark any other changes in facilitator guides

4.1 Follow the instructions in E. *Changes in materials required for specific adaptations* if any of the adaptations that you need to make are described there. For other adaptations, read through the modules and mark changes needed.

Check E. *Changes in materials required for specific adaptations* to determine whether any of the adaptations that you need to make are described there. If so, follow those instructions to locate the places to change. On a bound copy of the modules, write all the changes in red pencil. It is essential that the changes be made in an obvious way so that they can be checked by another person.

It is impossible for one person to make all the necessary changes without errors or omissions. After all changes are written on one copy and double-checked by a second person, that copy may be given to the individual who will enter the changes on the WordPerfect disks.

For any additional changes that are not described in section E, you will need to read very carefully through all the modules and other materials to identify where to make changes and decide how to change the text. Although some changes can be located with a computer "search" function, this will not find all of the necessary changes. As you read, think about the changes in the charts and look for sections of the modules that explain those parts of the chart. Refer to the lists of chart changes, the drugs list and the list of explanations needed (from Step 2). Also look for exercises that teach or use those parts of the charts.

Note: Some persons have tried to make changes on the diskette right away, using the strike out/add feature so that the changes can be proofed later, skipping the step of writing them all on a copy of the modules. However, this has been unsatisfactory because it is much more difficult to work with and proof, including finding any changes that were omitted. Therefore, it is NOT recommended.

If a **recording form** has changed, you will have to find every page on which it appears. Transfer all the patient information from the generic version to the adapted recording form by hand and add or change patient information related to items you have changed on the form. Then tape the revised recording form into the module, over the one that will be replaced.

The **adapted feeding recommendations** (food box on the Counsel chart) must be incorporated in the *Counsel the Mother* module. The adapted food box and a list of local feeding problems were developed as described in section D.

Protocol for Adapting the Feeding Recommendations. Substitute the adapted food box and add description of the local foods appropriate for each age group. Also add any local feeding problems and corresponding recommendations. (Refer to section E. *Changes in Materials required for specific adaptations* for pages to change.)

When you change **any exercise**, mark corresponding changes on the answer sheet. Also make any additions or changes in the facilitator guidelines for teaching the module, and if needed, in the guidelines for clinical practice with inpatients or outpatients (for example, to add teaching the management of acute convulsions).

If you choose to substitute common **children's names** in your country for some of the names used in the exercises in the generic materials, you will have to change each name in the exercise and in the answer sheet. See section E. *Changes in materials required for specific adaptations* for a list of names and where they appear.

If there will be an adapted **Mother's Card**, which is appropriate for the whole country *and* it will be ready by the time of printing the modules, put it in the Annex to the *Counsel the Mother* module. If there will be several different regional cards (or the national card will not be ready in time for printing the modules), do not include one in the module. Instead plan to distribute the appropriate card for the health workers at each course.

If there will be several regional Mother's Cards, do not include the card in the Annex to the *Counsel the Mother* module. In the *Counsel* module, use the country-wide adapted food box and problem list as it appears on the chart. Then direct the health worker to look at the mother's counselling card developed for his region.

4.2 Check all the changes for accuracy, consistency and completeness

Check all the changes that have been written in. This is essential. It is very difficult to carry out the adaptation exercise on a single pass through the materials without making errors (usually of omission). It is essential that a second person checks everything and if possible a third. It is essential to check not only those changes that have been made but also to read through the modules to check for additional places where there should be changes.

5. Change the computer files

Note: Before using any of the generic diskettes, read and follow the instructions in Annex B-2, which describe how to manage the computer files. If another person will be making the changes in the computer files, give that individual a copy of the instructions. Check periodically that they are following the instructions. Using the recommended procedures can prevent many problems.

5.1 Enter all changes in the computer files

The WordPerfect files of the modules have been created in a way that should make them easier to use with a variety of computers and printers. A description of the word processing settings and features used is in Annex B-3.

Enter in the computer files all the changes that have been written on the modules, answer sheets and facilitator guides. If there are new chart boxes which have been added or enlarged, make sure that adequate blank space is inserted on each page where the new boxes will be placed.

Generally, when a document is heavy with codes, you may have more difficulty working with the file. Your computer may frequently "lock up" or "hang"², or your printer may not print at all. When editing files, try not to add too many codes, for example, by changing the margins to fit more information on a page and then returning to the normal margins. If you change a font (style, size, bold or italic), you can use Reveal Codes to find and delete any old codes.

Tip for using the 'Reveal Codes' feature

When you change the formatting of a document, WordPerfect inserts codes. **Reveal Codes** lets you see these codes.

If you are having difficulty with formatting, use Reveal Codes to see the codes that are in the file. If you have added new codes but the old codes remain in the file, the file may behave in ways that seem irrational. Delete any old or unnecessary code by highlighting it and then using the Delete key.

To turn Reveal Codes on to see the codes, choose Reveal Codes from the View menu, or press Alt + F3. (Turn Reveal Codes off in the same way.)

Move in Reveal Codes as you move through a document. When you use the mouse or arrow keys to position the cursor in the document, the Reveal Codes insertion point moves to the corresponding location.

The generic files were kept somewhat small (not over 150,000 bytes). This was done so that most computers can handle the files without too much difficulty. If the files are combined in larger files, they can be extremely slow to use, heavy

² A computer "hangs" when there is a convergence of factors that ends up in unpredictable results. The computer stops working because the software stops working. WordPerfect seems more likely to hang as a document is more complex. Any use of a feature that contributes to the complexity of the document will increase the probability of hanging such as large file size, graphics, tables, and changes in margins, fonts, or paper orientation. In theory, therefore, one can minimize the chances of a computer hanging by keeping the document size small, not using many graphics and tables, not changing margins, etc.

with codes, and difficult to edit and print. Therefore, combining files is *not* recommended.³

If the materials will not be translated (and if you have a clean single-sided copy of the original), you can try to use some of the original generic pages to save you some work:

- ~ If changes are small, try to avoid changes in page numbering by a bit of squeezing and other word-processing tricks to fit the changes onto the page. This will allow you to only replace pages where there is new text or adapted chart boxes, saving the work of reprinting and taping illustrations on all pages.
- ~ If text changes require that a page be added, but the pages after this are unchanged, you can avoid reprinting and repasting the unchanged pages. Instead, use the generic pages (with illustrations and chart boxes already pasted or printed in) and change their page numbers (using 'white out' or correction tape).

5.2 Print out and check all the computer changes in the modules and facilitator guides

The person who enters the changes should check that all the changes written on the modules and answer sheets have been made, and none missed. Then a second person should check all the changes.

6. Translate the training materials, if needed

If translation is required, follow this order: first translate the list of key words, then the adapted chart and the adapted recording forms, and then the adapted modules.

6.1 Give the translator the list of key words to translate first Then check them

It is important to use a limited number of technical words and to keep the translation as simple as possible. It is also important to be consistent in the translation — use the same words and sentences consistently on the charts and throughout the modules. The list of key words will help with this process (see Annex B-4, page 28).

First translate and check the translation of the list of key words. These are words that occur repeatedly in the charts and modules. *Make sure that the adapted local terms are properly inserted and used in place of the translator's own translation of a term.* Two or more people should check and agree on the translation of the key words. A clinical person should check the translation of

³ WordPerfect has a feature called Master Document which can handle several smaller files as if they were one big file, such as for automatically numbering pages consecutively. The generic files do not use this feature. If you know how to use this feature and think it will help you, you may try it.

clinical words. If ARI or CDD materials have been translated, compare how key words were translated in those materials. Annex B-5 provides translations of common IMCI terms into French, Spanish and Russian. A blank list is included for use in translating into other languages.

6.2 Translate the chart booklet and recording forms, consistently using the agreed translations of the key words, including the local terms

Have a clinical person check the translation. Circulate to key persons for comments if necessary.

6.3 Translate the adapted modules, being consistent with the chart booklet vocabulary and agreed translations of the key words

After the chart wording is agreed on, make sure that the translators know to consistently use the words on the charts and key word list and to keep the language as simple as possible. (The English is currently at a 7 to 8th grade level). The language level should match the reading abilities of the less educated first-level health facility workers who will be using the course. (See Annex B-5, page 37, for some guidelines on writing simpler English.)

Some translators try to vary how something is expressed in order to make the text more lively. Ask them *not* to do this. Even when the text is translated into the local language, reading this quantity of text and exercises can be demanding for health workers who do not usually read much. Limiting the vocabulary will make the materials easier to read.

Check several early sections of the translation. Do not let the translator do all the modules before checking them. If there is a problem, you may need to substantially redo a large job.

6.4 Translate the video, if necessary

English, French and Spanish versions of the videos are available from WHO. Portuguese and Russian versions of the video are in process and will be available from WHO in the future.

If translation to another language is needed, request from WHO a copy of the video script and a sub-master of the video with an unmixed soundtrack. (In an unmixed soundtrack, the narrators' voices and the background effects are on separate soundtracks.) Translate the script and have two narrators practice reading it in time with the video. When they are sufficiently familiar with the narration, work your way through the video deleting the existing voice track and replacing it with your own narrators' voices.

If the health workers do not know the language of the video at all, and therefore would be distracted by the subtitles for the assessment and the chart excerpts, it will be necessary to make arrangements for these sections to be re-created. This is expensive because the producer of the video will need to make a special re-edited version of the master. Translations would have to be provided for all captions and charts which appear on the screen. In some cases (depending on the language concerned) these may need to be in the form of camera-ready artwork.

When requesting a video sub-master, please ensure that you ask for the format suitable for use in the country concerned and on the equipment which is available. If no specification is given, sub-masters will be supplied in the PAL format on Betacam tape.

6.5 Translate the answer sheets in the IMCI *Facilitator Guide for Modules* and, if necessary, all of the facilitator guides and the IMCI *Course Director's Guide*

In some places, participants need materials translated into the local language, but the course director and facilitators are comfortable using materials that are not translated.

Even if all the facilitator materials will not be translated, however, there are still some pages in the *Facilitator Guide for Modules* that must be translated. The answer sheets must be translated because they will be distributed to participants.

You may also decide to translate the drills and demonstrations, so that the facilitators can be better prepared for these oral teaching activities.

6.6 Print out the translated modules and translated parts of the guides Then check them carefully against the adapted modules in English

The materials are a large translation job. It is impossible to do it without making mistakes. Checking is very important, if tedious. It will take at least a week full-time to check the translation, often more. Also check that the formatting of the modules is consistent with the original. When corrections are made, check them.

7. Prepare the camera-ready adapted (and translated) chart booklet and wall charts

Begin this step anytime after Step 1 (above). The chart booklet must be finished (camera-ready) before the final modules can be completed (Step 8 below).

Decide whether a fully computerized or partially computerized approach will be used. WHO headquarters may be able to provide support for preparation of camera-ready chart copy if adequate computer facilities are not available in-country.

7.1 Prepare the chart booklet

Using Microsoft Publisher®. Prepare the revised chart booklet using Microsoft Publisher® before starting on the wall charts. Although it is useful to have pencilled in changes at the early stages of discussing adaptations, it is also good to begin to revise the chart booklet on the computer early in the process, rather than waiting until the end. This allows for making changes in various pages as adaptations are decided, proofreading, making corrections, and proofreading again, which requires time and careful work. (See section H. *Modifying the generic Chart Booklet: Using Microsoft Publisher® for instructions on how to make changes.*)

Clean copies of the chart booklet are useful at various steps in the review process, as well as when they are needed for making physical changes in the modules. With the equipment and software listed above, it should be possible to make clean copies without going to a commercial service.

It is very important to proofread all changes. Because the files are complex, sometimes when a box is changed, some text in it or another box may move or be hidden. Therefore, check both the format and the text very carefully.

Preparing a partially computerized, plus cut-and-paste chart booklet. If it is difficult to print out the entire booklet from the file, a cut-and-paste method may be used to produce the camera-ready chart booklet. Revise or produce new boxes on computer and print them out. Then carefully tape the adapted box over the previous box on a black and white version of the chart booklet (obtained from WHO headquarters).

7.2 Prepare the wall charts

Using a computerized service. The chart booklet will be converted to create the large wall charts, so it is most efficient if all the chart booklet revisions are completed first. The graphics service may convert the files to their particular software or retype the charts, to make them compatible for production on their equipment. If the service is *retyping* the charts, careful proofreading of *every word* is required. Frequent typing mistakes and omissions are common.

Preparing partially computerized, plus cut-and-paste wall charts. If the graphics service does not have the capacity to print out on large paper, use the same cut-and-paste method described above to produce the camera-ready

wall charts. Revise the boxes or produce new boxes on computer and print out individual boxes on regular size paper. Then carefully tape these over the existing boxes on the generic wall charts. Since the *Treat and Counsel* charts are only black and white, new boxes could be pasted onto the printed charts which could then be reproduced (hopefully without problems with the grey background). For the colour charts (*Assess and Classify* and *Young Infant*), you may obtain a black and white version of the charts (direct contact print) from WHO which can be used in the same way. A local printer could then prepare the colour separations.

If the in-country printer does not have a press that can produce the full size wall charts, the wall charts can be printed on a smaller press in two or four pieces and then pasted or taped together.

IMPORTANT: Chart booklets and wall charts must be proofread after making any adaptation change or correcting any typographical or other error. Proofread after every set of changes — until the very end.

Also, try to not reduce the font size substantially in the chart booklet or on the charts. Many people cannot read small text.

7.3 Produce high-quality copies of each box in the chart booklet for taping into the final modules

Measure the size of the boxes in the chart booklet and make sure that there is enough blank space on each page of a module where a box will be taped. If not, modify the file to make additional space on the page.

It may be necessary to reduce some chart boxes for insertion in the modules, but they must be readable.

8. Print out the final modules and recording forms (adapted and translated) and proofread carefully

Keep everything very clean and unwrinkled from now on. Use good quality paper especially if the modules will be duplicated by photocopying.

Check that there is enough blank space on any page where you will tape a chart box, illustration, graphic or recording form.

Check that page breaks are logical, that is, a heading does not occur at the bottom of one page and the text on the next page. Exercises should always start on a new page. Do not have a page break in the middle of a box. Correct any printing problems such as a few lines on an otherwise blank page or boxes with instructions to the participant which should be at the bottom of the page ending up on the next page. This may require a bit of manipulating, such as inserting a hard page break before a heading so that it will print with the text that follows on the next page.

If there have been page numbering changes, correct the page numbers in the Table of Contents. If a module is in two or more computer files, remember to change the page number which begins the second file (or any subsequent file) so that the page numbers will print correctly. (To do this, put your cursor at the beginning of the file. Then go to Page Numbering, New page number, and enter the page number that you want to print on the first page in that file.)

Reprint corrected pages as needed.

Insert blank pages as needed so that double-sided photocopying will work out correctly (refer to the original bound modules).

9. Tape and write in necessary items to complete the modules, facilitator guides and other materials

If the Sick Child Recording Form was changed, make clear copies for taping into the modules and answer sheets. (You may need up to 75 copies, depending on how the form was changed.) If the Young Infant Recording Form was changed, make 20 copies for taping into the module and answer sheets.

Make high-quality copies of the chart boxes, illustrations, graphics and recording forms that will appear on the pages of the modules and answer sheets. Correctly-sized copies of these items can be found in the *Illustrations and Paste-Ups for the Course Modules*. If the materials have been translated, only the illustrations and graphics will be used in your modules. You must substitute any adapted or translated chart boxes or recording forms for those in the *Illustrations* notebook, but you may refer to the notebook to determine the size needed.

Tape the chart boxes, illustrations and recording forms into the materials. Use a ruler or T-square to be certain that you place each item straight on the page. Use "invisible" tape which will not show up on photocopying. This is preferred to glue which can cause rippling.

Before each exercise, cut out and tape on the appropriate graphic to indicate the type of exercise (or use a peel and stick graphic, if available). Refer to the generic modules as needed.⁴

Handwrite the entries on all recording forms in the modules and answer sheets. Proofread the entries carefully. It is a very common error to miss some entries when copying. Also have a second person check each page.

Review the package of generic Facilitator Aids. Identify all aids that must be changed, either because the materials were translated or because a chart box was adapted. Produce enlarged copies to be the camera-ready facilitator aids that will be printed.

Modify the generic cover design as needed or prepare new covers for each module and guide.

10. Copy the answer sheets from the *Facilitator Guide for Modules*

After the *Facilitator Guide for Modules* is adapted, make a copy of each final answer sheet and white out the *Facilitator Guide* page number. Assemble the copies in the order that the modules and exercises occur in the course. This will be the camera-ready copy for the set of answer sheets to give to participants.

11. Print the course materials

Determine how many copies are needed for the first round of courses and calculate how many copies of modules and other materials should be printed. Many countries make corrections after the first few courses. For this reason, limit the number of sets to be printed until materials can be finalized.

Below are typical numbers of the different materials needed to conduct the course two times. These estimates assume that in each course there will be 20 participants, 8 facilitators, one inpatient ward instructor, and one course director.

Number of Copies Needed (for two courses and allowing for a few extra copies):

- 70 of each of the seven modules (bound)
- 70 chart booklets (colour printing, bound)
- 10 *Facilitator Guide for Modules* and 10 for outpatient practice (bound)
- 5 *Inpatient Instructor Guide* (bound)

⁴ Some countries have the capability to insert a graphic file in a WordPerfect file and print the page. Working with graphics requires a larger amount of computer memory and printer memory than working with files that are only text. Graphics also require suitable software. The graphic files for the five images seen in the generic materials are provided on diskette for those who have the equipment and skill to use them (hand holding a pencil for written exercises, group scene for discussions, video player for video exercises, masks for role plays, pencil for short-answer exercises).

B. Procedures for Adapting the Charts and Modules

- 3 *Course Director's Guide* (bound or put in a binder)
- 3 sets of *Case Management Wall Chart* (with colours)⁵
- 5000 *Sick Child Recording Form* (2-sided single sheets)
- 1000 *Young Infant Recording Form* (2-sided single sheets)
- 1000 or more *Mother's Card*
- 60 sets of Answer Sheets (sets stapled in corner)
- 8 sets of *Facilitator Aids*
- 8 plasticized enlarged (size A3 paper) *Sick Child Recording Form*⁶
- 8 plasticized enlarged (size A3 paper) *Young Infant Recording Form*
- 60 photo books -- Request from WHO, Geneva

⁵ Notice that the wall charts are produced only for use during training. Copies are not printed and distributed to participants to display in health facilities, as was the case for CDD and ARI charts.

⁶ Plasticized enlarged Recording Forms are used in the clinical sessions in the Inpatient Ward and can be erased and reused day after day. If it is not possible to plasticize these forms, about 100 copies of the enlarged Sick Child Recording Form and 25 copies of the Young Infant Recording Form are needed for the inpatient sessions.

Section B

ANNEXES

Annex B-1	Specifications of printers for producing the modules and other documents in WordPerfect
Annex B-2	Managing the computer files
Annex B-3	WordPerfect settings and features used in the files for the modules and recording forms
Annex B-4	List of key words and related words for consistent use
Annex B-5	Translation of IMCI terms (French, Spanish and Russian)
Annex B-6	Guidelines for writing simpler English
Annex B-7	Checklist for producing the adapted materials

Annex B-1

Specifications of printers for producing the modules and other documents in WordPerfect

The generic modules are formatted to print on a Hewlett-Packard Laserjet Series IV. Use a laser printer capable of printing 300 dots per inch (dpi) and proportional fonts. Points to consider when choosing a printer on which to print the modules and other materials are listed below.

Hewlett-Packard Laserjet Series II

The HP Laserjet Series II printer does not have built-in Helvetica and Times Roman fonts. In order to print the modules as prepared on the diskettes, an HP Laserjet Series II printer must be equipped with a supplementary accessory such as a Helvetica/Times Roman font cartridge. Otherwise soft fonts must be downloaded. Accessories are available from Hewlett-Packard and other commercial providers. Please consult the HP Laserjet Series II User Manual for details. When using downloadable soft fonts, the memory (RAM) of the HP Laserjet Series II may need to be increased to 2MB.

Hewlett-Packard Laserjet Series II and WordPerfect for Windows 3.1

An HP Laserjet Series II printer can print the modules as prepared on the generic diskettes without additional accessories provided that WordPerfect for Windows running under Windows 3.1 or later version is being used and that Windows has been installed with True Type fonts. The True Type equivalent of Helvetica is called Arial and the equivalent for Times Roman is Times New Roman. When printing in WordPerfect for Windows, select the Windows Printer Driver instead of the WordPerfect Printer Driver. Do this by clicking on <File> then <Select Printer> then <Printer Driver: Windows>.

Hewlett-Packard Laserjet Series III, Series IV and later models

The HP Laserjet Series III and later models have proportional fonts built in. These printers will print the modules as they appear on diskette without any additional accessories. The Helvetica font does not exist on the HP Laserjet Series III. However, it has a *sans serif* equivalent called Univers. The *serif* equivalent for Times Roman is CG Times.

PostScript Printers (QMS, Apple LaserWriter, NEC, TI, HP Laserjet 5MP, etc.)

PostScript printers have proportional fonts built in. These printers will print the files as they appear on diskette without any additional accessories (if the computer has the appropriate printer driver). Helvetica and Times Roman fonts are normally built into PostScript printers.

Dot Matrix, Bubble Jet and Other Printers (Epson FX, Canon BJ, etc.)

It is not recommended to use dot matrix or bubble jet printers to print the modules. These printers have limited capabilities and do not have the required proportional fonts Helvetica and Times Roman. If there are no laser printers available, these printers may be used. However, much attention must be given to editing tables and figures as well as correcting other formatting changes that may occur.

Some modern dot matrix and bubble jet printers that have good resolution capability (minimum 150 dots per inch) and scalable proportional fonts (Helvetica and Times Roman) can be used to print the modules.

Annex B-2

Managing the computer files

Setting up the IMCI directory

It is common to have problems such as confusing generic files with adapted files, making changes on a file and later not being able to find them, or confusing an old file with a more recently changed one. These problems cause frustration and require considerable time to figure out or fix. However, you can prevent problems and headaches by following the simple procedures below. Then you will always be able to find the most recent revision and prevent redoing a lot of work if you have a disk or computer failure.

1. Create a subdirectory on your hard drive named IMCI (for Integrated Management of Childhood Illness) or another short name which has not been used already.
2. The computer files for the *generic* materials have all been given names that end with the extension " **.gen** ". See the list below. Select a 2 or 3 character extension, such as an abbreviation for the name of your country, to substitute as the extension on files that you adapt.

3. Copy all the generic files from the diskettes into the IMCI subdirectory on your hard drive (usually C:), changing the extension on each file as you copy it. For example (in Uganda, if using UG as the extension), copy:

```
A:\1-INT.GEN   to   C:\IMCI\1-INT.UG  
A:\2-ASS1.GEN to   C:\IMCI\2-ASS1.UG  
A:\2-ASS2.GEN to   C:\IMCI\2-ASS2.UG  
etc.
```

Then put the generic disks aside in a safe place. Do not make any changes on them. They will be there if you ever need to copy a generic file again.

4. Take a **new** set of diskettes and copy all the files from the IMCI subdirectory onto them. (This will require 3 High Density - 1.44 MB diskettes, or 6 Double Density - 720 KB diskettes.) Label these diskettes with all the file names and keep them safe. They will be your back-up as you adapt the files and when you have finished.
5. When you are making changes, always use the files on the hard drive. Save your work to the hard drive frequently. Then, periodically, such when you finish for the day or finish working on a particular module, copy (back-up) the files you have changed to the set of diskettes. If you always work on the files on the hard drive and then back-up each file when you have finished with it, you will not be confused about finding the most recent revisions. If you have a computer problem, you will have a back-up copy of the most recent version on your diskettes.

File names

The following file names are used on the generic diskettes. It is highly recommended that you use them also (but with your own extension). When they are all copied into a new subdirectory on the hard disk, they will arrange in a logical order. This will help you find the files you need more easily.

File Names of the Modules:

1-INTRO.GEN	<i>Introduction</i>
2-ASS1.GEN	<i>Assess and Classify the Sick Child Age 2 Months up to 5 Years</i>
2-ASS2.GEN	
3-ID.GEN	<i>Identify Treatment</i>
4-TRE1.GEN	<i>Treat the Child</i> (two tables in <i>Treat the Child</i>)
4-TRE2.GEN	
4-TREB1.GEN	
4-TREB2.GEN	
5-COUN1.GEN	<i>Counsel the Mother</i>
5-COUN2.GEN	
6-INF.GEN	<i>Management of the Sick Young Infant Age 1 Week up to 2 Months</i>
7-FUP.GEN	<i>Follow-Up</i>

Facilitator Guide for Modules:

(Notice the file name begins with FG, and the next letter is the section letter found in the page number.)

FGA.GEN	Introduction to this <i>Facilitator Guide</i>
FGB-INT.GEN	Guidelines for <i>Introduction</i>
FGC-ASS1.GEN	Guidelines for <i>Assess and Classify the Sick Child</i>
FGC-ASS2.GEN	
FGD-ID.GEN	Guidelines for <i>Identify Treatment</i>
FGE-TRE1.GEN	Guidelines for <i>Treat the Child</i>
FGE-TRE2.GEN	
FGF-COUN.GEN	Guidelines for <i>Counsel the Mother</i>
FGG-INF.GEN	Guidelines for <i>Management of the Sick Young Infant</i>
FGH-FUP.GEN	Guidelines for <i>Follow-Up</i>
FGI.GEN	Guidelines for All Modules

FGJ.GEN List of Photographs

Other materials:

CDG1.GEN *Course Director's Guide*

CDG2.GEN

CDG3.GEN

CPINP.GEN *Guide for Clinical Practice in the Inpatient Ward*

CPOUT.GEN *Facilitator Guide for Outpatient Clinical Practice*

FORM-SC.GEN Sick Child Recording Form

FORM-YI.GEN Young Infant Recording Form

Monitoring forms are in Excel and Lotus

(shown in the *Course Director's Guide*)

The same monitoring forms are provided in three different software formats:

In Excel 3:

In Lotus 123:

GESCIN1.XLS	GESCIN1.WK1	Checklist for Monitoring Inpatient Sessions - Sick Young Infant
-------------	-------------	-----------------------------------------------------------------

GESCIN2.XLS	GESCIN2.WK1	Checklist for Monitoring Inpatient Sessions - Sick Child
-------------	-------------	----------------------------------------------------------

GESCOUT1.XLS	GESCOUT1.WK1	Checklist for Monitoring Outpatient Sessions - Sick Young Infant
--------------	--------------	------------------------------------------------------------------

GESCOUT2.XLS	GESCOUT2.WK1	Checklist for Monitoring Outpatient Sessions - Sick Child
--------------	--------------	-----------------------------------------------------------

GESUMDIR.XLS	GESUMDIR.WK1	Course Director Summary
--------------	--------------	-------------------------

In Excel 5:

GENSC.XLS	The 5 forms listed above in one file.
-----------	---------------------------------------

Graphics files

GROUP.PCX	for group discussion exercises
-----------	--------------------------------

HAND.TIF	for written exercises
----------	-----------------------

MASKS.PCX	for role play exercises
-----------	-------------------------

PENCIL.PCX	for short-answer exercises
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VIDEO.PCX	for video exercises
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Note: These graphics are also available from WHO as stickers to use in preparing for the camera-ready copy for printing.

B. Procedures for Adapting the Charts and Modules

Some files are provided to help implement common adaptations:

If implementing the Adaptation described in <i>Section E</i>:	Use Adapted Recording Form file:	Use Major Text Additions in this file:
2.0		G2chg.97
3.0		G3chg.97
5.0	G5form.97	G5chg.97
6.1		G61chg.97
6.2		G62chg.97
7.0		G7form.97
8.0	G8form.97	G8chg.97
9.2		G92chg.97
9.4		G94chg.97
10.0		G10chg.97
11.0		G11chg.97
12.1	G122form.97	G121chg.97
12.2		G122chg.97
13.0		G13chg.97

Annex B-3

WordPerfect settings and features used in the files for the modules and recording forms

Introduction

The instructional materials were written with WordPerfect 5.2 for Windows.
The diskette files are compatible with:

WordPerfect 5.1 for DOS
WordPerfect 5.1 for Windows
WordPerfect 5.2 for Windows

You will need to use an IBM-type computer with a 80286X processor (the work will be easier with a faster computer, but a "286" will work). The computer must have a hard disk with at least 8MB of available hard disk space, and WordPerfect 5.2. (Use Windows 3.1 or later version).

If the computer that will be used throughout the process of adapting and producing the course materials has WordPerfect 6.0 for Windows or higher, or Microsoft WORD for Windows, it will be necessary to convert the files. WordPerfect 6.0 and Microsoft WORD will convert the files automatically. At least one country has successfully converted files to WORD and completed the adaptations. (However, once converted to a later version of WordPerfect, files do not convert well back to 5.2. Therefore, do not convert the files unless there is equipment and a skilled operator that can complete the entire job using the alternative software or later version.) Converted files may have problems with incompatible font size, page size, tables, figures, and page numbering and may require some reworking.

The files are not compatible with WordPerfect versions 5.0, 4.2 or other earlier versions. The module diskette files have not been converted for use on an Apple Macintosh.

Initial settings/definitions for the modules and guides

Page/Paper Size Definition:	21 cm x 29.7 cm (8.27" x 11.69") for A4 paper size (<i>Note: The generic files for modules are set for A4 paper size. If another paper size is required, select 21.59 cm x 27.94 cm or 8.5" x 11" for Letter paper in North and South America.</i>)
Base Font:	Times New Roman 12 point (or Times Roman or CG Times, depending on the fonts available on your printer) Base font for recording forms only is Univers 8 (or Helvetica or Arial, depending on the fonts available on your printer)

B. Procedures for Adapting the Charts and Modules

Preferences -

Print settings:

Set the preferences for relative font size as follows:

Fine	60%
Small	180%
Large	120%
Very large	150%
Extra large	200%
Super/Subscript	60%

Page Number Style:

Bottom center

New Page Number:

Start numbering with page 1 on Introduction page.
If a module is in 2 or more computer files, the New page number which begins the second file (or any subsequent file) is set at the beginning of the file at Page Numbering.

Margins for

A4 Paper Size:

Top	3.18 cm	or	1.25"
Bottom	3.18 cm	or	1.25"
Left	3.18 cm	or	1.25"
Right	3.18 cm	or	1.25"

If you change to Letter size paper (21.59 cm x 27.94 cm or 8.5" x 11"), reset the margins as follows to maintain the same amount of text on each page:

Top	3.18 cm	or	1.25"
Bottom	1.4 cm	or	0.55"
Left	3.48 cm	or	1.37"
Right	3.43 cm	or	1.35"

Table Options:

Do not exceed 14.65 cm or 5.77" line length when you make a table. (This is the normal line width of text when margins are set as recommended above.) Set "Position" in options menu as "Full" to keep within 14.65 cm line length.

Cell margins =	0.21 cm left	or	.083"
	0.21 cm right	or	.083"
	0.25 cm top	or	.100"
	0 cm bottom	or	.000"

Line Justification:	Justify Left
Widow/Orphan:	On
Text Box:	In Options menu for text box, select "single" for border style. Select "anchor to para" and set positions as needed.

Recording form settings

Note: Due to the special requirements of the Recording Form, the margins are less than what is recommended for page margins in all of the other files. The form was created with a base font and font size that is different from the recommended base font for the modules and facilitator guides.

The Recording Form files for both the Sick Child and Young Infant Recording forms have the following initial settings:

Page/Paper Size Definition:	21 cm x 29.7 cm (8.27" x 11.69") for A4 paper size			
Margins for A4 Paper Size:	Top	1.02 cm	or	0.4"
	Bottom	1.47 cm	or	0.58"
	Left	1.27 cm	or	0.5"
	Right	1.27 cm	or	0.5"
	If you change to Letter size paper (21.59 cm x 27.94 cm or 8.5" x 11") reset the bottom margin as follows. The form will also adjust itself to some extent to maintain almost the same appearance.			
	Bottom	1.02 cm	or	0.4"
Base Font:	Unifers 8 point. (<i>Note: When a printer defaults to Arial or Helvetica 8 point as the closest san serif font, check to see if the font has affected the spacing of the form. You may need to do considerable reformatting.</i>) "Extra Large" and "Large" are selected from the Font Size menu to increase font size for the title of the form and the headings.			
Layout:	"Center Page" has been selected from Layout, Page menu.			
Table size:	2 columns, 9 rows Column width: 14.28 cm (5.62") and 4.18 cm (1.65") Select "Multi-line" from Row.			

Annex B-4

List of key words and related words for consistent use

A step in the adaptation of the charts and materials for the *Integrated Management of Childhood Illness* course is to translate the text into the language participants will use in the training.

Using the list of key words

This annex contains a list of key words and words related to them that are used in the participant materials. The list is intended to assist those who will translate the course material to ensure consistent word use and maintain an appropriate and consistent level of readability throughout the materials.

- Before beginning the translation, translators review this list of key and related words and agree on the translations to be used for each of them. When a local term for a key word was determined by the study (described in section E. *Protocol for Identifying and Validating Local Terms*), translators should use that local term rather than another translation of the word.
- Translators then translate the case management charts and recording forms, using the agreed translations of the key words.
- Finally, translators translate the rest of the participant materials (modules and answer sheets). This is because there must be consistency between the words used on the chart (signs, symptoms, classifications, drugs, counselling steps and feeding information) and words the participant will read in the materials.

The agreed-upon translations should be used consistently throughout the materials by all translators. It is assumed that translators will adhere to similar guidelines for writing simplified text as were used to develop the original materials. (*Note: See Annex B-6: Guidelines for writing simpler English, page .*)

For the translation of common words and terms in the IMCI guidelines, please request a copy from WHO. Word lists exist for English, French, Spanish, and Russian.

Note: The following list is organized so that the key words are listed in alphabetical order in the first column. The second column lists words that are related to those key words and that are needed to describe information in the modules. Any particular point about how the word should be understood and used is with the agreed-upon word. Words or phrases to avoid are shown with a "strikeout" line through them. Translators should write the agreed translations of key words and related words in the space near each word for easy reference.

Key word	Related words for consistent use
Anaemia	<p>Anaemia chronic anaemia malarial anaemia</p> <p>Simplify text such as: "...anaemia that lasts for a long time..." and "...anaemia due to malaria"</p>
Assessment	<p>Assessment assessment approach assessment findings results assessment steps case management process case management interventions integrated case management approach process "do a complete full assessment"</p>
Breastfeeding	<p>Breastfeeding breastfeeding assessment breastfeeding counselling breastfeed exclusively exclusive breastfeeding exclusively breastfed <i>exclusively breastfeeding</i></p>
breathing rate	<p>breathing rate cut off rate respiratory rate respiratory rate threshold fast breathing <i>rapid breathing</i></p> <p>Use "cut off" when describing how to determine fast breathing</p>
case of _____	<p>acquiring other infections acquiring malaria attack of measles <i>episode of diarrhoea</i></p> <p>Simplify text such as: "child can have other infections..." or "...a child develops malaria..."</p> <p>Use "...a case of measles..."</p>
classification tables	<p>classification tables classification pink row pink classification severe classification yellow row yellow classification green row green classification</p>

B. Procedures for Adapting the Charts and Modules

Key word	Related words for consistent use
dehydration	<p>Dehydration dehydration status level of dehydration hydration status But only use when describing Plan C. Use it very little elsewhere.</p> <p>rehydrate, rehydrated rehydration fully rehydrated</p> <p><i>no signs of dehydration</i></p>
feeding terms	<p>feeds Used as a verb. Also used to describe meals eaten by a breastfed or bottle-fed infant, such as "a bottle feed" or "breastfeed long enough at each feed".</p> <p>active feeding actively feed non-breastmilk feeds</p> <p>feeding assessment feeding counselling feeding problem feeding questions feeding recommendations feeding regimen feeding practices adequate feeding no other signs of _____ feeding problem</p> <p>food-based fluids fluid fluids foods appropriate food and fluids weaning foods family foods semisolid complementary foods semisolid foods breastmilk substitute complementary feeding supplementary feeding therapeutic feeding</p>

Key word	Related words for consistent use
follow-up	<p>follow-up follow-up box follow-up care follow-up note follow-up visit return visit well-child visits scheduled follow-up visit further care (When related to need for immediate return.)</p>
health facility	<p>clinic Use "clinic" throughout the materials to describe the variety of places where sick children are managed such as an outpatient facility, health centre, clinic, etc.</p> <p>hospital Use to describe referral site.</p> <p>first level health facility facility health centre health facility outpatient clinic inpatient ward outpatient facility limited diagnostic facilities</p> <p><i>(Note: Use "outpatient" and "inpatient" when describing instructional activities for clinical practice such as "outpatient clinical practice" and "clinical practice in the inpatient ward".)</i></p>
local	<p>local bacterial infections local infections Use "local" in its medical meaning (one site or place in or on the body). Whenever possible, avoid using "local" in its geographic meaning as in "common local problems." Exception: Use "local feeding problems" to describe feeding problems specific to an area the clinic serves.</p> <p>local adaptations local problems in your area local problems in the community common local problems Simplify text such as: "...common problems of women in your area".</p> <p>local feeding problems</p>

B. Procedures for Adapting the Charts and Modules

Key word	Related words for consistent use
malaria	<p>malaria malaria infection resistant malaria clinical malaria</p> <p>Simplify text such as: "The child with malaria..." or "malaria that is resistant to..." or use classification name.</p>
pre-referral	<p>pre-referral pre-referral situations pre-referral treatment urgent pre-referral treatment</p>
Respiratory infection	<p>respiratory infection lung infection less serious respiratory infection upper respiratory infection acute lower respiratory infection</p> <p>respiratory symptoms having trouble breathing respiratory distress</p> <p>Use "difficult breathing" to describe mother's report of these symptoms or health worker's observation of them.</p>
Runny nose	<p>runny nose nasal discharge</p> <p>Use when describing post-nasal drip that may cause cough.</p>
Serious / severe	<p>serious illness</p> <p>Use generically to describe an illness that requires treatment.</p> <p>serious problem</p> <p>Use to describe a presenting symptom or problem which, when assessed and classified, will need treatment.</p> <p>serious bacterial infection</p> <p>Use to describe an infection in a sick young infant which may require urgent referral or other urgent treatment.</p> <p>severe disease</p> <p>Use generically to describe disease which may require urgent referral or other urgent treatment.</p>

Key word	Related words for consistent use
Serious / severe (cont.)	<p>severe classification Use generically to describe any classification which requires urgent referral or other urgent treatment.</p> <p>severe problem Use generically to describe a presenting symptom which, when assessed and classified, will need urgent referral or other urgent treatment.</p> <p>severe infection Do not use generically. Use when referring to a specific severe disease or classification.</p>
signs	<p><i>Note: All words relating to signs and symptoms should be consistent with how they appear on the case management charts.</i></p> <p>signs abnormal signs normal signs positive signs negative signs significant negative signs Avoid these terms and use instead: "...sign is present..." or "...sign is not present..."</p> <p>general signs Use to describe non-specific signs in a sick young infant.</p> <p>related signs sign and symptoms general danger signs</p>
skin pinch	<p>skin pinch skin pinch flattens returns goes back immediately. skin pinch flattens returns goes back slowly. skin pinch flattens returns goes back very slowly.</p> <p>tenting Use "...if the skin stays up for even a brief time..."</p>
temperature	<p>body temperature feels cool feels hot fever by history history of fever low body temperature low temperature fever in clinic temperature 37.5°C or above</p>

B. Procedures for Adapting the Charts and Modules

Key word	Related words for consistent use
Treatment	treat treatment treatment procedures problems to be treated traditional treatments herbal treatments Simplify text such as: "...if the child is treated with herbs or other traditional medicines..."
Urgent referral	non urgent situations refer urgently refer to hospital refer urgently to hospital referral urgent attention urgent pre-referral treatment urgent referral

Words for which there may be a local term

If a local term has been found for any word below, use the local term rather than another possible translation. (See Protocol for Identifying and Validating local Terms.)

Key word	Local terminology (fill in based on study results)
Convulsions	
Difficult breathing	
Fast breathing	
Diarrhoea	
Blood in stool	
Measles	
Fever	
Not able to drink or breastfeed	
Drinking poorly or breastfeeding poorly	
Becomes sicker	
Develops fever	

Annex B-5

Translation of IMCI terms (French, Spanish and Russian)

ENGLISH	FRENCH
Active feeding	Poursuivre l'alimentation, ne pas arrêter l'alimentation
Acute	Aiguë (f)
Acute ear infection	Infection aiguë de l'oreille
Acute lower respiratory infection	Infection aiguë des voies respiratoires inférieures (= infection aiguë des voies respiratoires basses)
Acute respiratory infections (ARI)	Infections respiratoires aiguës (IRA)
Acute upper respiratory infection	Infection aiguë des voies respiratoires supérieures (= infection aiguë des voies respiratoires hautes)
Adaptation	Adaptation
Adaptation guide	Guide pour l'adaptation
To advise	Donner des conseils, conseiller
Algorithm (guidelines)	Algorithme (directives)
Amoxicillin	Amoxicilline (f)
Anaemia	Anémie
Anaemia or very low weight	Anémie ou poids très faible
Antibiotic	Antibiotique
Anthelmintic treatment	Traitement vermifuge (= traitement anthelminthique)
Antimalarial	Antipaludéen (= antipaludique)
Areola	Aréole
Assess	Evaluer
<i>Assess and classify the sick child age 2 months up to 5 years</i>	Evaluer et classer l'enfant malade âgé de 2 mois à 5 ans
Assessment	Evaluation
Attachment (breastfeeding)	Prise du sein
Bcg	Bcg
Becomes sicker	Devient plus malade
Bednets (insecticide-impregnated)	Moustiquaires (imprégnées)
Benzylpenicillin	Benzylpénicilline (f)
Blood sugar (low)	Sucre dans le sang = glycémie (basse)
Boils	Furoncles
Breast infection	Infection du sein

B. Procedures for Adapting the Charts and Modules

Breastfeed	Allaiter au sein
Breastfeeding (assessment, counselling)	Allaitement au sein (évaluation, conseil)
Breastmilk	Lait maternel
Breastmilk substitute	Substitut du lait maternel
Breathing rate	Rythme respiratoire (= fréquence respiratoire)
Breaths	Respirations
Bulging fontanelle	Fontanelle bombée
Calm	Calme
Capacity building	Renforcement des compétences
Careseeking	Recours aux soins
Caretaker = carer	Personne qui s'occupe de l'enfant (= gardien de l'enfant (en Afrique))
Case management	Prise en charge des cas
Chart booklet	Fascicule de tableaux
Check understanding	Vérifier la compréhension
Chest indrawing	Tirage sous-costal
Childhood illness	Maladie de l'enfant
Chloramphenicol	Chloramphénicol (m)
Chloroquine	Chloroquine
Cholera	Choléra (m)
Chronic	Chronique
Chronic ear infection	Infection chronique de l'oreille
Classification	Classification (quelques fois considérée comme un diagnostic approximatif)
Classify	Classer
Clinic	Dispensaire (aussi parfois = consultation)
Clinical guidelines	Directives cliniques
Clouding of the cornea	Opacité de la cornée
Cold	Rhume
Cold chain	Chaîne du froid
Combined treatment	Traitement associé
Communication skills	Aptitude à communiquer
Community health care provider	Agent de soins de santé communautaire
Community health worker	Agent de santé communautaire
Complementary feeding	Alimentation complémentaire
Complementary foods	Aliments complémentaires (= aliments de complément)
Compliance with treatment	Observance du traitement

B. Procedures for Adapting the Charts and Modules

Complications	Complications
Condition	Affection
Control of diarrhoeal diseases (CDD)	Lutte contre les maladies diarrhéiques (LMD)
Convulsions	Convulsions
Cotrimoxazole	Cotrimoxazole (m)
Cough	Toux
Counsel	Conseil
<i>Counsel the mother</i>	<i>Conseiller la Mère</i>
Counselling	Conseil
<i>Course director's guide</i>	Guide du directeur de cours
Cut off (breathing rate)	Seuil (rythme respiratoire)
Danger signs	Signes de danger
Decentralization of management	Décentralisation de la gestion
Dehydration	Déshydratation
Dengue haemorrhagic fever	Dengue hémorragique
Department of Child and Adolescent Health and Development (CAH)	Département Santé et développement de l'enfant et de l'adolescent (CAH)
Developing countries	Pays en développement
Development	Développement
Diagnosis	Diagnostic
Diarrhoea	Diarrhée
Difficult breathing	Respiration difficile
Disability	Incapacité
Discharge (from the ear or the umbilicus)	Ecoulement (de l'oreille ou de l'ombilic)
Disease	Maladie
Disease classification	Classification des maladies
Disease prevention	Prévention de la maladie
Division of Child Health and Development (CHD)	Division Santé et développement de l'enfant (CHD)
Dosage table	Table de posologie
Dose	Dose
Dpt	Dtc
Drinks eagerly	Boit avec avidité
Drinks poorly	Boit difficilement
Drug supply management (DSM)	Gestion de l'approvisionnement en médicaments
Drugs	Médicaments
Dysentery	Dysenterie

B. Procedures for Adapting the Charts and Modules

Ear infection	Infection de l'oreille
Ear pain	Douleur à l'oreille
Ear problem	Problème d'oreille (affection de l'oreille)
Early implementation (phase 2)	Phase initiale de la mise en œuvre
Early-use countries	Pays premiers utilisateurs (pays qui les premiers ont utilisé la PCIME)
Empirical treatment	Traitement empirique
Energy-rich foods	Aliments énergétiques
Engorgement (breast)	Engorgement
Episode (of illness)	Episode (de maladie)
Erythromycin	Erythromycine (f)
Essential drugs	Médicaments essentiels
Essential services	Services essentiels
Evaluation	Evaluation
Exclusive breastfeeding	Allaitement au sein exclusif
Exclusively breastfed	Exclusivement allaité au sein
Expanded Programme on Immunization (EPI)	Programme élargi de Vaccinations (PEV)
Expansion (phase 3)	Extension (phase 3)
Expressed breastmilk	Lait maternel exprimé
Eye ointment	Pommade ophtalmique
Facilitator Guide for Modules	Guide de l'Animateur pour l'Enseignement des Modules
Facilitator Guide for Outpatient Clinical Practice	Guide de l'Animateur pour l'Activité Clinique au Dispensaire
Facility supports	Soutien aux établissements
Family and community practices	Pratiques familiales et communautaires
Family foods	Alimentation familiale
Family planning	Planification familiale
Fast breathing	Respiration rapide
Febrile disease	Maladie fébrile
Feeding assessment	Evaluation de l'alimentation
Feeding counselling	Conseil alimentaire
Feeding problem or low weight	Problème d'alimentation ou poids faible
Feeding problems	Problèmes d'alimentation
Feeding questions	Questions sur l'alimentation
Feeding recommendations	Recommandations alimentaires
Fever	Fièvre
Fever-malaria unlikely	Fièvre - paludisme peu probable

B. Procedures for Adapting the Charts and Modules

First-level health facility	Etablissement de santé de premier niveau
First-level health workers	Personnel de santé de premier niveau
First-line drug	Médicament de première intention
Fluid for infusion	Soluté pour perfusion
Fluid intake and output	Apports et pertes de liquides hydriques
Fluid overload	Surcharge hydrique, surhydratation
IV fluids	Soluté pour administration i.v. , soluté i.v.
Follow up (verb)	Suivre
<i>Follow-Up (noun)</i>	Suivi
Follow-up care	Soins de suivi
Follow-up visit	Visite de suivi
Food safety	Salubrité des aliments
Food security	Sécurité alimentaire
Food-based fluids	Préparation liquide à base d'aliments
Frequency	Fréquence
Furazolidone	Furazolidone
Further care (when related to immediate return)	Soins complémentaires
General condition	Etat général (parfois : affection généralisée)
General danger signs	Signes généraux de danger
Generic version	Version générique
Gentamicin	Gentamicine (f)
Gentian violet	Violet de gentiane
Burden of disease	Charge de morbidité
Global burden of disease (in a country)	Charge globale (= totale) de morbidité
Global burden of disease (in the world)	Charge de morbidité mondiale
Growth	Croissance
Grunting	Geignement expiratoire
<i>Guide for clinical practice in the inpatient ward</i>	Guide pour la pratique clinique au service d'hospitalisation
Guidelines (not algorithm)	Directives
<i>Guidelines for follow-up after training</i>	Directives pour le suivi de la formation
Hands-on clinical practice	Pratique clinique
Health assistant	Assistant sanitaire
Health care provider	Personnel soignant
Health centre	Centre de santé (établissement de santé)
Health facility	Centre de santé (établissement de santé)

B. Procedures for Adapting the Charts and Modules

Health management information system (HMIS)	Système d'information pour la gestion sanitaire
Health system	Système de santé
Health system management	Gestion des systèmes de santé
Health system reform	Réforme du système de santé
Health worker	Personnel de santé (agent de santé)
Home care	Soins à domicile
Home fluids	Liquides préparés à la maison
Hookworm	Ankylostome
Hospital	Hôpital
Hydration status	(Degré d')hydratation
Identify treatment	Identifier le Traitement
Illness	Maladies
Immunization	Vaccination (parfois : immunisation; ex. Immunisation passive)
Immunization schedule	Calendrier vaccinal
Immunization status	Etat vaccinal
Implementation	Mise en œuvre
Improving (noun "child is improving")	Amélioration
In-service training	Formation en cours d'emploi/continue
Indicator	Indicateur
Individual feedback	Rétroinformation
Indoor air pollution	Pollution domiciliaire (au domicile)
Infection	Infection
Initial visit	Première visite
Injection	Injection (piqûre)
Inpatient care	Soins à l'hôpital
Inpatient ward	Service d'hospitalisation (en hospitalisation)
Integrated approach	Approche intégrée
Integrated management of childhood illness (IMCI)	Prise en charge intégrée des maladies de l'enfant (PCIME)
Integrated strategy	Stratégie intégrée
Intervention	Intervention
Intramuscular	Intramusculaire
Intravenous (IV) fluid	Soluté pour administration intraveineuse (soluté i.v.)
Intravenous therapy	Traitement par voie intraveineuse
<i>Introduction</i>	Introduction
Introduction (phase 1)	Introduction (phase 1)

B. Procedures for Adapting the Charts and Modules

Iron treatment	Administration de fer (traitement martial)
Iron/folate	Fer/folates
Irritable	Irritable
Itching	Qui démange, démangeaison (= prurit)
Jaundice	Jaunisse (= ictère)
Jaundiced	Ictérique
Lethargic	Léthargique
Lethargy	Léthargie
Local bacterial infection	Infection bactérienne locale
Local infection	Infection locale (infection localisée)
Local terms	Appellations locales
Main symptoms	Symptômes principaux
Major illnesses	Principales maladies
MALARIA (cerebral malaria)	Paludisme (neuropaludisme)
Malaria risk (low, high)	Risque de paludisme (élevé, faible) (= risque palustre)
Malaria unlikely	Paludisme peu probable
Malnutrition	Malnutrition
Management of sick children	Prise en charge de l'enfant malade
<i>Management of the child with a serious infection or severe malnutrition</i>	<i>Prise en charge de l'enfant ayant une infection sévère ou une malnutrition sévère</i>
Management of the Sick Young Infant Age 1 Week up to 2 Months	Prise en Charge du Nourrisson Malade Agé de 1 Semaine à 2 Mois
Mastoiditis	Mastoïdite
Materials	Matériels, documents, tissus, etc.
Maternal health	Santé maternelle
Measles	Rougeole
Measles (severe complicated)	Rougeole (sévere compliquée)
Measles rash	Eruption rougeoleuse
Measles with eye or mouth complications	Rougeole avec complications aux yeux ou à la bouche (complications oculaires et buccales)
Mebendazole	Mébendazole
Medical assistant	Assistant médical
Melena	Méléna ou mélaena
Meningitis	Méningite
Micronutrient supplementation	Complément (= supplémentation) en micronutriments
Monitoring	Suivi, surveillance
Morbidity	Morbidité

B. Procedures for Adapting the Charts and Modules

Mortality	Mortalité
Mosquito bite blanche	Piqûre de moustique (dans Cours du Directeur)
Movement (normal)	Mouvement (normal)
Nalidixic acid	Acide nalidixique
Nasal discharge	Ecoulement nasal
Nasal flaring	Battement des ailes du nez
Nasogastric (NG) therapy	Traitement par voie nasogastrique (NG)
Nasogastric tube	Sonde nasogastrique
Needle	Aiguille
No anaemia and not very low weight	Pas d'anémie et pas de poids très faible
No dehydration	Pas de déshydratation
No ear infection	Pas d'infection de l'oreille
No feeding problem	Pas de problème d'alimentation
No pneumonia: cough or cold	Pas de pneumonie : toux ou rhume
Normal saline solution	Sérum physiologique
Not able to feed – possible serious bacterial infection	Incapable de se nourrir - possibilité d'infection bactérienne grave
Nutrient-rich foods	Aliments riches en nutriments
Nutrition	Nutrition
Nutritional counselling	Conseil nutritionnel
Nutritional status	Etat nutritionnel
Oedema	Cœdème
Opv	Vaccin antipoliomyélitique buccal (VPO)
Oral rehydration salts (ORS)	Sels de réhydratation orale (SRO)
Oral rehydration therapy (ORT)	Traitement par réhydratation orale (TRO)
Outpatient	Patient ambulatoire
Outpatient treatment	Traitement ambulatoire
Palmar pallor	Pâleur palmaire
Paracetamol	Paracétamol
Paramedical health workers	Personnel paramédical
Patient recording form	Fiche de prise en charge du patient
Perinatal	Périnatal
Persistent diarrhoea	Diarrhée persistante
Petechiae (on skin)	Pétéchies
Pharmacist	Pharmacien
Pharmacy	Pharmacie
Photographs	Photographies

B. Procedures for Adapting the Charts and Modules

Plan A , plan B, plan C (diarrhoea treatment)	Plan A, plan B, plan C (traitement de la diarrhée)
Planning	Planification
Planning and programme management guidelines	Directives pour la planification et la gestion du programme
Pneumonia	Pneumonie (parfois : pneumopathie)
Policy	Politique
Positioning (breastfeeding)	Position (allaitement)
Possible serious bacterial infection	Possibilité d'infection bactérienne grave
Praise (the mother)	Complimenter, féliciter (la mère)
Pre-referral treatment	Traitement pré-transfert
Pre-service training	Formation initiale
Premature infant	Prématuré
Prevention	Prévention
Preventive interventions	Interventions préventives (= interventions de prévention)
Problems (other, common, local feeding)	Problèmes (autres, habituels, alimentation locale)
Pulse (radial)	Pouls (radial)
Pus (draining from the eye, ear, or umbilicus)	Ecoulement de pus de l'œil, de l'oreille, ou de l'ombilic
Pustules (skin)	Pustules (peau)
Quality of care	Qualité des soins
Quinine	Quinine
Rapid breathing	Respiration rapide
Rational use of drugs	Utilisation rationnelle des médicaments
Red eyes	Yeux rouges
Refer urgently	Transférer d'urgence
Referral care	Soins plus spécialisés (= donnés dans un établissement de niveau supérieur, capable d'assurer la prise en charge)
Referral level	Niveau de recours
Referral-level facilities	Etablissements de transfert plus spécialisé
Rehydrate	Réhydrater
Rehydrated	Réhydraté
Rehydration	Réhydratation
Reinforce skills	Renforcer le savoir-faire
Relactation	Reprise de l'allaitement
To relieve	Soulager, traiter les symptômes
Restless	Agité

B. Procedures for Adapting the Charts and Modules

Return immediately	Revenir immédiatement
Ringer's lactate solution	Solution de Ringer-lactate
Runny nose	Nez qui coule
Rural medical aide	Aide médicale rurale
Safe motherhood	Maternité sans risque
Safe remedy	Remède inoffensif, (sans danger)
Second-line drug	Médicament de seconde intention
Semisolid foods	Aliments semi-liquides
Sepsis	Septicémie
Serious	Grave (sévère)
Serious bacterial infection	Infection bactérienne grave
Severe classification	Classification grave
Severe complicated measles	Rougeole avec complications graves
Severe dehydration	Déshydratation sévère
Severe disease	Maladie grave
Severe malnutrition or severe anaemia	Malnutrition sévère ou anémie sévère
Severe persistent diarrhoea	Diarrhée persistante sévère
Severe pneumonia or very severe disease	Pneumonie grave ou maladie très grave
Severity	Gravité
Shigella (dysentery)	Dysenterie à Shigella
Signs of illness	Signes de maladie
Skin pinch	Pli cutané
Some dehydration	Signes évidents de déshydratation
Soothe	Calmer
Soothe throat	Soulager le mal de gorge
Sore nipples	Mamelons douloureux
Sterile	Stérile
Sterilization	Stérilisation
Stiff neck	Nuque raide
Stool (bloody, loose)	Selles (sanglantes, molles)
Strategy	Stratégie
Stridor	Stridor
Suckling	Succion
Sugar water	Eau sucrée
Sulfadoxine + pyrimethamine	Sulfadoxine - pyriméthamine
Sunken eyes	Yeux enfoncés
Supervision	Supervision

B. Procedures for Adapting the Charts and Modules

Surveillance system	Système de surveillance
Sustainability	Durabilité (parfois : viabilité)
Symptoms	Symptômes
Syringe	Seringue
Syrup	Sirop
Tablet (drug)	Comprimé
Target	Cible
Telangectasia	Télangiectasie
Temperature (axillary, rectal)	Température (axillaire, rectale)
Tender swelling (behind the ear)	Gonflement douloureux
Tetanus toxoid	Anatoxine tétanique
Tetracycline	Tétracycline (f)
Thirsty	Assoiffé
Threshold	Seuil
Throat	Gorge
Thrush	Muguet
Timing device	Chronomètre (parfois : minuterie)
Traditional healer	Guérisseur traditionnel (= tradipraticien)
Training modules	Modules de formation
To treat	Traiter
<i>Treat the child</i>	<i>Traiter l'Enfant</i>
Treatment	Traitement
Treatment procedures	Conduite thérapeutique
Treatment steps	Etapes du traitement
Ulcers (mouth, deep and extensive)	Ulcérations (bouche, profondes et étendues)
Umbilicus	Ombilic
Unconsciousness	Inconscient
Urgent	Urgent
Urgent attention	Prise en charge urgente
Vaccine	Vaccin (m)
Vector control	Lutte antivectorielle
Very severe disease	Maladie très grave
Very severe febrile disease	Maladie fébrile très grave
To vomit	Vomir
Vomit (noun)	Vomissures
Vomiting	Qui vomit (vomissements)
Wall chart	Tableau mural

B. Procedures for Adapting the Charts and Modules

Wasted	Amaigri (= émacié)
Wasting (visible severe)	Amaigrissement (visible et sévère) (= émaciation)
Weaning foods	Aliments de sevrage
Weight for age (low)	Poids pour l'âge (faible) (= poids/âge) (= poids par rapport à l'âge)
Weight for age chart (growth chart)	Courbe poids pour l'âge (fiche de croissance) (courbe poids/âge)
Well-child visit	Visite d'un enfant bien portant
Wheezing	Sifflement respiratoire (= respiration sifflante = sibilance)
Whipworm	Trichocéphale
White patches in the mouth	Muguet
Wicking (to dry the ear)	Placer une mèche (pour assécher l'oreille)
Worsen	Empirer (= s'aggraver = se détériorer = se dégrader)
Young infant	Nourrisson de moins de 2 mois

ENGLISH	ESPAÑOL
Active feeding	Alimentación activa
Acute	Agudo ¹
Acute ear infection	Infección aguda del oído ²
Acute lower respiratory infections (ALRI)	Infecciones agudas de las vías respiratorias inferiores (IAVRI) ³
Acute respiratory infections (ARI)	Infecciones respiratorias agudas (IRA)
Acute upper respiratory infections	Infecciones agudas de las vías respiratorias superiores (IAVRS) ⁴
Adaptation	Adaptación
<i>Adaptation guide</i>	<i>Guía de adaptación</i>
Advise	Orientar, aconsejar, asesorar
Algorithm (use guidelines do not use algorithm)	Algoritmo (usar normas, no usar algoritmo)
Amoxycillin	Amoxicilina ⁵
Anemia	Anemia
Anemia or very low weight	Anemia o peso muy bajo
Antibiotic	Antibiótico
Anthelmintic treatment	Tratamiento antihelmíntico
Antimalarial	Antimalárico, antipalúdico
Areola	Aréola ⁶ (del pezón)
Assess	Evaluar ⁷
Assess and Classify the Sick Child Age 2 Months up to 5 Years	Evaluar y Clasificar al Niño Enfermo de 2 Meses a 5 Años de Edad
Assessment	Evaluación
Attachment (breastfeeding)	Acoplamiento (amamantamiento)
Bcg	Vacuna BCG
Becomes sicker	(El niño) empeora
Bednets (insecticide-impregnated)	Mosquiteros (impregnados con insecticida)
Benzympenicillin	Bencilpenicilina
Blood sugar (low)	Azúcar sanguíneo (bajo)
Breast infection	Infección de la mama o del pecho
Breastfeed	Amamantar
Breastfeeding (assessment, counseling)	Amamantamiento, lactancia materna, lactancia natural (asesoramiento, orientación, consejos sobre)
Breastmilk	Leche materna

B. Procedures for Adapting the Charts and Modules

Breastmilk substitute	Sucedáneo de la leche materna
Breathing rate	Frecuencia respiratoria o de la respiración
Breaths	Respiraciones
Bulging fontanel	Abombamiento o abultamiento de la fontanela
Calm	Tranquilo
Capacity building	Creación de capacidad, fortalecimiento de la capacidad
Careseeking	Búsqueda de asistencia, atención o consulta
Caretaker	Cuidador, persona que cuida al niño, encargado de cuidar al niño
Case management	Manejo de casos
Chart booklet	Folleto del gráfico
Check understanding	Comprobar que (se) haya entendido
Chest indrawing	Tiraje torácico
Childhood illness	Enfermedades prevalentes de la infancia
Chloramphenicol	Cloranfenicol
Chloroquine	Cloroquina
Cholera	Cólera
Chronic	Crónico
Chronic ear infection	Infección crónica del oído
Classification	Clasificación
Classify	Clasificar
Clinic	Consultorio, dispensario, ambulatorio ⁸
Clinical guidelines	Pautas clínicas
Clouding of the cornea	Opacamiento de la córnea
Cold	Resfrío o resfriado común, catarro común
Cold chain	Cadena de frío
Combined treatment	Tratamiento combinado, terapia de combinación
Communication skills	Aptitudes de comunicación, habilidades de comunicación
Community health care provider	Proveedor de asistencia sanitaria de la comunidad, proveedor de atención de salud de la comunidad
Community health worker	Agente sanitario de la comunidad, trabajador sanitario de la comunidad
Complementary feeding	Alimentación complementaria
Complementary foods	Alimentos complementarios
Compliance with treatment	Cumplimiento del tratamiento, observancia del tratamiento

Complications	Complicaciones
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B. Procedures for Adapting the Charts and Modules

Condition	Afección, enfermedad, trastorno, padecimiento; situación
Control of diarrheal diseases (CDD)	Control de las enfermedades diarreicas (CED)
Convulsions	Convulsiones
Cotrimoxazole	Cotrimoxazol
Cough	Tos
Counsel	Orientar, aconsejar, asesorar
<i>Counsel the Mother</i>	<i>Aconsejar a la Madre</i>
Counseling	Orientación, consejo, asesoramiento
<i>Course Director's Guide</i>	<i>Guía del Director del Curso</i>
Cut off (breathing rate)	Valor límite, punto de corte (de la frecuencia respiratoria)
Danger signs	Signos de peligro
Decentralization of management	Descentralización de la administración
Dehydration	Deshidratación
Developing countries	Países en desarrollo
Development	Desarrollo
Diagnosis	Diagnóstico
Diarrhea	Diarrea
Difficult breathing	Respiración difícil, dificultad para respirar, dificultad respiratoria
Disabilities	Discapacidades
Discharge (from the ear or the umbilicus)	Flujo, secreción, exudado (del oído o del ombligo); supuración (si es pus)
Disease	Enfermedad
Disease classification	Clasificación de la enfermedad
Disease prevention	Prevención de enfermedades
Division of Child Health and Development (CHD, WHO)	División de Salud y Desarrollo del Niño (CHD, OMS)
Dosage table	Cuadro de dosificación, cuadro de posología
Dose	Dosis
Dpt	Vacuna triple DPT o DTP
Drinks eagerly	Bebe con ansiedad, bebe con muchas ganas, bebe con mucha sed
Drinks poorly	Bebe mal, casi no bebe
Drug supply management (DSM)	Gestión del abastecimiento de medicamentos
Drugs	Medicamentos, fármacos, medicinas, remedios; drogas (psicoactivas)
Dysentery	Disentería

B. Procedures for Adapting the Charts and Modules

Ear infection	Infección del oído
Ear pain	Dolor de oído, otalgia
Ear problem	Problema de oído
Early implementation (phase 2)	Ejecución temprana (segunda fase)
Early-use countries	Países que han empezado a usar o aplicar (la estrategia) [???
Empirical treatment	Tratamiento empírico
Energy-rich foods	Alimentos ricos en energía
Engorgement (breast)	Ingurgitación (de las mamas)
Episode (of illness)	Episodio (de enfermedad)
Erythromycin	Eritromicina
Essential drugs	Medicamentos esenciales
Essential services	Servicios esenciales
Evaluation	Evaluación
Exclusive breastfeeding	Lactancia materna exclusiva
Exclusively breastfed	Amamantado (al pecho materno) en forma exclusiva
Expanded Program on Immunization (EPI)	Programa Ampliado de Inmunización (PAI)
Expansion (phase 3)	Expansión (tercera fase)
Expressed breastmilk	Leche materna extraída
Eye ointment	Ungüento ocular, oftálmico o para los ojos
<i>Facilitator guide for modules</i>	<i>Guía del facilitador para los módulos</i>
<i>Facilitator guide for outpatient clinical practice</i>	<i>Guía del facilitador para la práctica clínica con pacientes ambulatorios</i>
Facility supports	Medios de apoyo del establecimiento
Family and community practices	Prácticas familiares y comunitarias
Family foods	Alimentos de la familia
Family planning	Planificación de la familia, planificación familiar
Fast breathing	Respiración rápida
Febrile disease	Enfermedad febril
Feeding assessment	Evaluación de la alimentación
Feeding counseling	Orientación sobre alimentación
Feeding problem or low weight	Problema de alimentación o bajo peso
Feeding problems	Problemas de alimentación
Feeding questions	Preguntas sobre alimentación
Feeding recommendations	Recomendaciones sobre alimentación
Fever	Fiebre
Fever-malaria unlikely	Fiebre por malaria poco probable

B. Procedures for Adapting the Charts and Modules

First-level health facility	Establecimiento de salud (o sanitario) de primer nivel
First-level health workers	Agentes de salud (o sanitarios) de primer nivel
First-line drug	Medicamento de primera línea
Fluids	Líquidos
Follow up (verb)	Seguir, hacer el seguimiento (verbo)
<i>Follow-up</i> (noun)	<i>Seguimiento</i>
Follow-up care	Asistencia de seguimiento
Follow-up visit	Visita de seguimiento, visita de control
Food security	Seguridad alimentaria
Food-based fluids	Líquidos a base de alimentos, bebidas a base de alimentos
Frequency	Frecuencia
Furazolidone	Furazolidona
Further care (when related to immediate return)	Asistencia adicional o complementaria (la relacionada con el regreso inmediato del paciente)
General condition	Estado general, situación general, condiciones generales
General danger signs	Signos generales de peligro
Generic version	Versión genérica, versión general
Gentamicin	Gentamicina
Gentian violet	Violeta de genciana
Global burden of disease	Carga global de la morbilidad
Growth	Crecimiento
Grunting	Quejido espiratorio
<i>Guide for clinical practice in the inpatient ward</i>	<i>Guía del facilitador para la práctica clínica con pacientes internos (o encamados)</i>
Guidelines (not algorithm)	Normas, pautas, directrices
<i>Guidelines for follow-up after training</i>	<i>Guía para el seguimiento posterior a la capacitación (o al adiestramiento)</i>
Hands-on clinical practice	Práctica clínica
Health assistant	Asistente de salud o sanitario
Health care provider	Proveedor de atención de salud (o asistencia sanitaria)
Health center	Centro de salud
Health facility	Establecimiento de salud (o sanitario)
Health management information system (HMIS)	Sistemas de información para la gestión sanitaria
Health system	Sistema de salud, sistema sanitario
Health system management	Gestión de sistemas de salud

B. Procedures for Adapting the Charts and Modules

Health system reform	Reforma del sistema de salud, reforma sanitaria
Health worker	Personal de salud, personal sanitario
Home care	Asistencia en casa ⁹
Hookworm	Uncinaria, anquilostoma (la enfermedad es "uncinariasis", anquilostomiasis" o "necatoriasis")
Hospital	Hospital
Hydration status	Estado de hidratación
<i>Identify treatment</i>	<i>Decidir el tratamiento</i>
Illness	Enfermedad
Immunization	Inmunización, vacunación
Immunization schedule	Esquema de vacunación ¹⁰
Immunization status	Estado de vacunación
Implementation	Ejecución, puesta en práctica, implantación ¹¹
Improvements in family and community practices	Mejoras de las prácticas de la familia y la comunidad
Improvements in health systems	Mejoras de los sistemas de salud
Improvements in the case management skills of health staff	Mejoras de las aptitudes de manejo de casos del personal de salud
Improving (noun ¹² "child is improving")	Mejorando (gerundio: "el niño está mejorando")
In-service training	Adiestramiento (o capacitación) en servicio
Indicators	Indicadores
Individual feedback	Retroalimentación individual
Indoor air pollution	Contaminación del aire en locales cerrados
Infection	Infección
Initial visit	Visita inicial
Injection	Inyección
Inpatient care	Asistencia de pacientes internados, internos, hospitalizados o encamados
Inpatient ward	Pabellón de hospital, sala de pacientes encamados
Integrated approach	Enfoque integrado
Integrated management of childhood illness (IMCI)	Atención integrada de las enfermedades prevalentes de la infancia ¹³ (AIEPI)
Integrated strategy	Estrategia integrada
Intervention	Intervención
Intramuscular	Intramuscular
Intravenous (IV) fluid	Líquido intravenoso (IV)
Intravenous therapy	Terapia intravenosa
<i>Introduction</i>	<i>Introducción</i>
Introduction (phase 1)	Introducción (primera fase)

B. Procedures for Adapting the Charts and Modules

Iron treatment	Tratamiento con hierro
Iron/folate	Hierro/folato
Irritable	Irritable
Itching	Comezón, prurito
Jaundiced	Ictérico
Lethargic	Aletargado, letárgico
Lethargy	Letargo, letargia
Local bacterial infection	Infección bacteriana local
Local infection	Infección local
Local terms	Términos locales
Main symptoms	Síntomas principales
Major illnesses	Enfermedades principales
MALARIA (cerebral malaria)	MALARIA ¹⁴ (malaria) (malaria cerebral)
Malaria risk (low, high)	Riesgo (bajo, alto) de malaria
Malaria unlikely	Malaria poco probable
Malnutrition	Malnutrición ¹⁵
Management of sick children	Manejo de niños enfermos, manejo del niño enfermo
<i>Management of the child with a serious infection or severe malnutrition</i>	<i>Manejo de niños con infección seria¹⁶ o desnutrición grave</i>
<i>Management of the sick young infant age 1 week up to 2 months</i>	<i>Manejo del lactante menor enfermo de 1 semana a 2 meses de edad</i>
Mastoiditis	Mastoiditis
Materials	Materiales
Maternal health	Salud materna
Measles	Sarampión
Measles (severe complicated)	Sarampión (grave con complicaciones)
Measles rash	Erupción sarampionosa, exantema del sarampión
Measles with eye or mouth complications	Sarampión con complicaciones de los ojos o la boca
Mebendazole	Mebendazol
Medical assistant	Asistente médico
Meningitis	Meningitis
Micronutrient supplementation	Administración de suplementos de micronutrientes
Monitoring	Monitoreo ¹⁷
Morbidity	Morbilidad
Mortality	Mortalidad
Movement (normal)	Movimiento (normal)
Nalidixic acid	Ácido nalidíxico

B. Procedures for Adapting the Charts and Modules

Nasal discharge	Escurrimiento nasal, exudado nasal
Nasal flaring	Aleteo nasal
Nasogastric (NG) therapy	Terapia (por sonda) nasogástrica (terapia NG)
Nasogastric tube	Sonda nasogástrica
Needle	Aguja
No anemia and not very low weight	No tiene anemia ni peso muy bajo
No dehydration	No tiene deshidratación
No ear infection	No tiene infección del oído
No feeding problem	Ningún problema de alimentación
No pneumonia: cough or cold	No tiene neumonía: tos o resfriado
Normal saline solution	Solución salina normal, solución salina fisiológica
Not able to feed—possible serious bacterial infection	No logra alimentarse: posible infección bacteriana seria
Nutrient-rich foods	Alimentos ricos en nutrientes, alimentos muy nutritivos
Nutrition	Nutrición
Nutritional status	Estado de nutrición, estado nutricional
Edema	Edema
Opv	VOP (vacuna oral contra la poliomielitis)
Oral rehydration salts (ORS)	Sales de rehidratación oral (SRO)
Oral rehydration therapy (ORT)	Terapia de rehidratación oral (TRO)
Outpatient	Paciente ambulatorio, paciente externo
Outpatient treatment	Tratamiento ambulatorio, tratamiento de pacientes externos
Palmar pallor	Palidez palmar
Paracetamol	Paracetamol, acetaminofén ¹⁸
Paramedical health workers	Trabajadores de salud paramédicos, agentes sanitarios paramédicos,
Patient recording form	Formulario de registro del paciente
Perinatal	Perinatal
Persistent diarrhea	Diarrea persistente
Pharmacist	Farmacéutico
Pharmacy	Farmacia
<i>Photographs</i>	<i>Fotografías</i>
Plan A, plan B, plan C (<i>diarrhea treatment</i>)	Plan A, plan B, plan C (tratamiento de la diarrea)
Planning	Planificación
Planning and program management guidelines	Pautas para la planificación y gestión de programas
Pneumonia	Neumonía

B. Procedures for Adapting the Charts and Modules

Policy	Política
Positioning (breastfeeding)	Colocación en posición adecuada (amamantamiento)
Possible serious bacterial infection	Posible infección bacteriana seria
Praise (the mother)	Alabar, elogiar, encomiar (a la madre)
Pre-referral treatment	Tratamiento previo a la referencia (o remisión)
Pre-service training	Adiestramiento antes del servicio
Premature infant	Lactante prematuro
Prevention	Prevención
Preventive interventions	Intervenciones preventivas
Problems (other, common, local feeding)	Problemas (otros, comunes, de alimentación local)
Pulse (radial)	Pulso (radial)
Pus (draining from the eye, ear, or umbilicus)	Pus (que sale del ojo, el oído o el ombligo)
Pustules (skin)	Pústulas (piel)
Quality of care	Calidad de la atención (o asistencia)
Quinine	Quinina
Rapid breathing	Respiración rápida
Rational use of drugs	Uso racional de medicamentos
Red eyes	Ojos enrojecidos, ojos encarnados
Refer urgently	Referir (o remitir) urgentemente
Referral care	Asistencia de referencia (o remisión)
Referral level	Nivel de referencia (o remisión)
Referral-level facilities	Establecimientos del nivel de referencia (o remisión)
Rehydrate	Rehidratar
Rehydrated	Rehidratado
Rehydration	Rehidratación
Reinforce skills	Reforzar las aptitudes o habilidades
Relactation	Reintroducción de la lactancia
Relieve	Aliviar
Restless	Inquieto
Return immediately	Volver inmediatamente
Ringer's lactate solution	Solución de lactato de Ringer
Runny nose	Rinorrea, escurrimiento de la nariz, moqueo
Rural medical aides	Auxiliares médicos rurales
Safe motherhood	Maternidad sin riesgo
Safe remedy	Remedio inocuo

B. Procedures for Adapting the Charts and Modules

Second-line drug	Medicamento de segunda línea
Semisolid foods	Alimentos semisólidos
Sepsis	Septicemia
Serious	Serio (véase <i>severe</i>)
Serious bacterial infection	Infección bacteria seria
Severe	Grave (véase <i>serious</i>) ¹⁹
Severe classification	Clasificación de grave, clasificado como grave
Severe complicated measles	Sarampión grave con complicaciones
Severe dehydration	Deshidratación grave
Severe disease	Enfermedad grave
Severe malnutrition or severe anemia	Desnutrición grave o anemia grave
Severe persistent diarrhea	Diarrea persistente grave
Severe pneumonia or very severe disease	Neumonía grave o enfermedad muy grave
Severity	Gravedad
Shigella (dysentery)	Shigelosis (disentería) ²⁰
Signs of illness	Signos clínicos, signos de enfermedad
Skin pinch	Pliegue cutáneo
Some dehydration	Algún grado de deshidratación
Soothe	Mitigar la molestia
Soothe throat	Mitigar la molestia de la garganta
Sore nipples	Pezones doloridos
Sterile	Estéril
Sterilization	Esterilización
Stiff neck	Rigidez de nuca
Stool (bloody, loose)	Heces (sanguinolentas, sueltas)
Strategy	Estrategia
Stridor	Estridor
Suckling	Mamada
Sugar water	Agua azucarada
Sulfadoxine + pyrimethamine	Sulfadoxina + pirimetamina
Sunken eyes	Ojos hundidos
Supervision	Supervisión
Surveillance system	Sistema de vigilancia
Sustainability	Sostenibilidad
Symptoms	Síntomas
Syringe	Jeringa

B. Procedures for Adapting the Charts and Modules

Syrup	Jarabe
Tablet (drug)	Comprimido, tableta (medicamento)
Targets	Metas
Temperature (axillary, rectal)	Temperatura (axilar, rectal)
Tender swelling (behind the ear)	Tumefacción dolorosa al tacto (detrás de la oreja)
Tetanus toxoid	Toxoide tetánico, anatoxina tetánica
Tetracycline	Tetraciclina
Thirsty	Sediento, tiene sed
Thresholds	Umbrales
Throat	Garganta
Thrush	Candidiasis bucal
Timing device	Cronómetro
Traditional healer	Curanderos
Training modules	Módulos de capacitación
Treat	Tratar
<i>Treat the child</i>	<i>Tratar al niño</i>
Treatment	Tratamiento
Treatment procedures	Procedimientos de tratamiento
Treatment steps	Pasos del tratamiento
Ulcers (mouth, deep and extensive)	Úlceras (bucales, profundas y extensas)
Umbilicus	Ombigo
Unconsciousness	Inconsciencia, pérdida del conocimiento
Urgent	Urgente
Urgent attention	Atención urgente
Vaccine	Vacuna
Vector control	Lucha antivectorial, control de vectores
Very severe disease	Enfermedad muy grave
Very severe febrile disease	Enfermedad febril muy grave
Vomit	Vómito
Vomiting	Vomitir, vomitando
Wall chart	Cartel
Wasted	Emaciado, consumido
Wasting (visible severe)	Emaciación, consunción (visible grave)
Weaning foods	Alimentos para destete
Weight for age (low)	Peso (bajo) para la edad
Weight for age chart (growth chart)	Gráfico de peso para la edad (gráfico de crecimiento)
Well-child visit	Visita de niño sano, control del niño sano

B. Procedures for Adapting the Charts and Modules

Wheezing	Sibilancias
Whipworm	Tricocéfalo (la enfermedad es "tricuriasis", "tricocefalosis" o "tricocefaliasis")
White patches	Placas blancas
Wicking (to dry the ear)	Mecha (para secar el oído)
Worsen	Empeorar
Young infant	Lactante menor

<u>ENGLISH</u>	<u>RUSSIAN</u>
active feeding	Активное кормление
acute	Острый (ая, ое)
ACUTE EAR INFECTION	Острая инфекция уха
acute lower respiratory infection	Острые инфекции нижних дыхательных путей (ОИНДП)
acute respiratory infections (ARI)	Острые респираторные инфекции (ОРИ)
acute upper respiratory infection	Острые инфекции верхних дыхательных путей
adaptation	адаптация
<i>Adaptation guide</i>	<i>Руководство по Адапции</i>
to advise	Советовать, объяснять
algorithm (guidelines)	алгор
amoxicillin	amoxicilline (f)
anaemia	anémie
ANAEMIA OR VERY LOW WEIGHT	anémie ou poids très faible
antibiotic	antibiotique
anthelmintic treatment	traitement vermifuge (= traitement anthelminthique)
antimalarial	antipaludéen (= antipaludique)
areola	aréole
assess	évaluer
<i>Assess and classify the sick child age 2 months up to 5 years</i>	évaluer et classer l'enfant malade âgé de 2 mois à 5 ans
assessment	évaluation
attachment (breastfeeding)	prise du sein
BCG	BCG
becomes sicker	devient plus malade
bednets (insecticide-impregnated)	moustiquaires (imprégnées)
benzylpenicillin	benzylpénicilline (f)
blood sugar (low)	sucré dans le sang = glycémie (basse)
boils	furoncles
breast infection	infection du sein
breastfeed	allaiter au sein
breastfeeding (assessment, counselling)	allaitement au sein (évaluation, conseil)
breastmilk	lait maternel

B. Procedures for Adapting the Charts and Modules

breastmilk substitute	substitut du lait maternel
breathing rate	rythme respiratoire (= fréquence respiratoire)
breaths	respirations
bulging fontanelle	fontanelle bombée
calm	calme
capacity building	renforcement des compétences
careseeking	recours aux soins
caretaker = carer	personne qui s'occupe de l'enfant (= gardien de l'enfant (en Afrique))
case management	prise en charge des cas
chart booklet	fascicule de tableaux
check understanding	vérifier la compréhension
chest indrawing	tirage sous-costal
childhood illness	maladie de l'enfant
chloramphenicol	chloramphénicol (m)
chloroquine	chloroquine
cholera	choléra (m)
chronic	chronique
CHRONIC EAR INFECTION	infection chronique de l'oreille
classification	classification (quelques fois considérée comme un diagnostic approximatif)
classify	classer
clinic	dispensaire (aussi parfois = consultation)
clinical guidelines	directives cliniques
clouding of the cornea	opacité de la cornée
cold	rhume
cold chain	chaîne du froid
combined treatment	traitement associé
communication skills	aptitude à communiquer
community health care provider	agent de soins de santé communautaire
community health worker	agent de santé communautaire
complementary feeding	alimentation complémentaire
complementary foods	aliments complémentaires (= aliments de complément)
compliance with treatment	observance du traitement
complications	complications
condition	affection
control of diarrhoeal diseases (CDD)	lutte contre les maladies diarrhéiques (LMD)

B. Procedures for Adapting the Charts and Modules

convulsions	convulsions
cotrimoxazole	cotrimoxazole (m)
cough	toux
counsel	conseil
<i>Counsel the mother</i>	conseiller la mère
counselling	conseil
<i>Course director's guide</i>	Guide du directeur de cours
cut off (breathing rate)	seuil (rythme respiratoire)
danger signs	signes de danger
decentralization of management	décentralisation de la gestion
dehydration	déshydratation
dengue haemorrhagic fever	dengue hémorragique
Department of Child and Adolescent Health and Development (CAH)	Département Santé et développement de l'enfant et de l'adolescent (CAH)
developing countries	pays en développement
development	développement
diagnosis	diagnostic
diarrhoea	diarrhée
difficult breathing	respiration difficile
disability	incapacité
discharge (from the ear or the umbilicus)	écoulement (de l'oreille ou de l'ombilic)
disease	maladie
disease classification	classification des maladies
disease prevention	prévention de la maladie
Division of Child Health and Development (CHD)	Division Santé et développement de l'enfant (CHD)
dosage table	table de posologie
dose	dose
DPT	DTC
drinks eagerly	boit avec avidité
drinks poorly	boit difficilement
drug supply management (DSM)	gestion de l'approvisionnement en médicaments
drugs	médicaments
DYSENTERY	dysenterie
ear infection	infection de l'oreille
ear pain	douleur à l'oreille
ear problem	problème d'oreille (affection de l'oreille)
early implementation (phase 2)	phase initiale de la mise en œuvre

B. Procedures for Adapting the Charts and Modules

early-use countries	pays premiers utilisateurs (pays qui les premiers ont utilisé la PCIME)
empirical treatment	traitement empirique
energy-rich foods	aliments énergétiques
engorgement (breast)	engorgement
episode (of illness)	épisode (de maladie)
erythromycin	érythromycine (f)
essential drugs	médicaments essentiels
essential services	services essentiels
evaluation	évaluation
exclusive breastfeeding	allaitement au sein exclusif
exclusively breastfed	exclusivement allaité au sein
Expanded Programme on Immunization (EPI)	Programme élargi de Vaccinations (PEV)
expansion (phase 3)	extension (phase 3)
expressed breastmilk	lait maternel exprimé
eye ointment	pommade ophtalmique
<i>Facilitator guide for modules</i>	guide de l'animateur pour les modules
<i>Facilitator guide for outpatient clinical practice</i>	guide de l'animateur pour activité clinique au dispensaire
facility supports	soutien aux établissements
family and community practices	pratiques familiales et communautaires
family foods	alimentation familiale
family planning	planification familiale
fast breathing	respiration rapide
febrile disease	maladie fébrile
feeding assessment	évaluation de l'alimentation
feeding counselling	conseil alimentaire
FEEDING PROBLEM OR LOW WEIGHT	problème d'alimentation ou poids faible
feeding problems	problèmes d'alimentation
feeding questions	questions sur l'alimentation
feeding recommendations	recommandations alimentaires
fever	fièvre
FEVER-MALARIA UNLIKELY	Fièvre - paludisme peu probable
first-level health facility	établissement de santé de premier niveau
first-level health workers	personnel de santé de premier niveau
first-line drug	médicament de première intention
fluid for infusion	soluté pour perfusion

B. Procedures for Adapting the Charts and Modules

fluid intake and output	apports et pertes de liquides hydriques
fluid overload	surcharge hydrique, surhydratation
IV fluids	soluté pour administration i.v. , soluté i.v.
follow up (verb)	suivre
<i>Follow-Up (noun)</i>	suivi
follow-up care	soins de suivi
follow-up visit	visite de suivi
food safety	salubrité des aliments
food security	sécurité alimentaire
food-based fluids	préparation liquide à base d'aliments
frequency	fréquence
furazolidone	furazolidone
further care (when related to immediate return)	soins complémentaires
general condition	état général (parfois : affection généralisée)
general danger signs	signes généraux de danger
generic version	version générique
gentamicin	gentamicine (f)
gentian violet	violet de gentiane
burden of disease	charge de morbidité
global burden of disease (in a country)	charge globale (= totale) de morbidité
global burden of disease (in the world)	charge de morbidité mondiale
growth	croissance
grunting	geignement expiratoire
<i>Guide for clinical practice in the inpatient ward</i>	guide pour la pratique clinique au service d'hospitalisation
guidelines (not algorithm)	directives
<i>Guidelines for follow-up after training</i>	directives pour le suivi de la formation
hands-on clinical practice	pratique clinique
health assistant	assistant sanitaire
health care provider	personnel soignant
health centre	centre de santé (établissement de santé)
health facility	centre de santé (établissement de santé)
health management information system (HMIS)	système d'information pour la gestion sanitaire
health system	système de santé
health system management	gestion des systèmes de santé
health system reform	réforme du système de santé

B. Procedures for Adapting the Charts and Modules

health worker	personnel de santé (agent de santé)
home care	soins à domicile
home fluids	liquides préparés à la maison
hookworm	ankylostome
hospital	hôpital
hydration status	(degré d')hydratation
<i>Identify treatment</i>	identifier le traitement
illness	maladies
immunization	vaccination (parfois : immunisation; ex. immunisation passive)
immunization schedule	calendrier vaccinal
immunization status	état vaccinal
implementation	mise en œuvre
improving (noun "child is improving")	amélioration
in-service training	formation en cours d'emploi/continue
indicator	indicateur
individual feedback	retroinformation
indoor air pollution	pollution domiciliaire (au domicile)
infection	infection
initial visit	première visite
injection	injection (piqûre)
inpatient care	soins à l'hôpital
inpatient ward	service d'hospitalisation (en hospitalisation)
integrated approach	approche intégrée
integrated management of childhood illness (IMCI)	prise en charge intégrée des maladies de l'enfant (PCIME)
integrated strategy	stratégie intégrée
intervention	intervention
intramuscular	intramusculaire
intravenous (IV) fluid	soluté pour administration intraveineuse (soluté i.v.)
intravenous therapy	traitement par voie intraveineuse
<i>Introduction</i>	introduction
introduction (phase 1)	introduction (phase 1)
iron treatment	administration de fer (traitement martial)
iron/folate	fer/folates
irritable	irritable
itching	qui démange, démangeaison (= prurit)
jaundice	jaunisse (= ictère)

B. Procedures for Adapting the Charts and Modules

jaundiced	ictérique
lethargic	léthargique
lethargy	léthargie
LOCAL BACTERIAL INFECTION	infection bactérienne locale
local infection	infection locale (infection localisée)
local terms	appellations locales
main symptoms	symptômes principaux
major illnesses	principales maladies
MALARIA (cerebral malaria)	paludisme (neuropaludisme)
malaria risk (low, high)	risque de paludisme (élevé, faible) (= risque palustre)
malaria unlikely	paludisme peu probable
malnutrition	malnutrition
management of sick children	prise en charge de l'enfant malade
<i>Management of the child with a serious infection or severe malnutrition</i>	prise en charge de l'enfant ayant une infection sévère ou une malnutrition sévère
<i>Management of the sick young infant age 1 week up to 2 months</i>	prise en charge du nourrisson malade âgé de 1 semaine à 2 mois
MASTOIDITIS	mastoïdite
materials	matériels, documents, tissus, etc.
maternal health	santé maternelle
MEASLES	rougeole
measles (severe complicated)	rougeole (sévère compliquée)
measles rash	éruption rougeoleuse
MEASLES WITH EYE OR MOUTH COMPLICATIONS	rougeole avec complications aux yeux ou à la bouche (complications oculaires et buccales)
mebendazole	mébendazole
medical assistant	assistant médical
melena	méléna ou mélaena
meningitis	méningite
micronutrient supplementation	complément (= supplémentation) en micronutriments
monitoring	suivi, surveillance
morbidity	morbidité
mortality	mortalité
mosquito bite blanche	piqûre de moustique (dans Cours du Directeur)
movement (normal)	mouvement (normal)
nalidixic acid	acide nalidixique
nasal discharge	écoulement nasal

B. Procedures for Adapting the Charts and Modules

nasal flaring	battement des ailes du nez
nasogastric (NG) therapy	traitement par voie nasogastrique (NG)
nasogastric tube	sonde nasogastrique
needle	aiguille
NO ANAEMIA AND NOT VERY LOW WEIGHT	pas d'anémie et pas de poids très faible
NO DEHYDRATION	pas de déshydratation
NO EAR INFECTION	pas d'infection de l'oreille
NO FEEDING PROBLEM	pas de problème d'alimentation
NO PNEUMONIA: COUGH OR COLD	pas de pneumonie : toux ou rhume
normal saline solution	sérum physiologique
NOT ABLE TO FEED - POSSIBLE SERIOUS BACTERIAL INFECTION	incapable de se nourrir - possibilité d'infection bactérienne grave
nutrient-rich foods	aliments riches en nutriments
nutrition	nutrition
nutritional counselling	conseil nutritionnel
nutritional status	état nutritionnel
oedema	œdème
OPV	vaccin antipoliomyélitique buccal (VPO)
oral rehydration salts (ORS)	sels de réhydratation orale (SRO)
oral rehydration therapy (ORT)	traitement par réhydratation orale (TRO)
outpatient	patient ambulatoire
outpatient treatment	traitement ambulatoire
pallor	pâleur palmaire
paracetamol	paracétamol
paramedical health workers	personnel paramédical
patient recording form	fiche de prise en charge du patient
perinatal	périnatal
PERSISTENT DIARRHOEA	diarrhée persistante
petechiae (on skin)	pétéchies
pharmacist	pharmacien
pharmacy	pharmacie
<i>Photographs</i>	photographies
plan A , plan B, plan C (diarrhoea treatment)	Plan A, plan B, plan C (traitement de la diarrhée)
planning	planification
planning and programme management guidelines	directives pour la planification et la gestion du programme
PNEUMONIA	pneumonie (parfois : pneumopathie)

B. Procedures for Adapting the Charts and Modules

policy	politique
positioning (breastfeeding)	position (allaitement)
POSSIBLE SERIOUS BACTERIAL INFECTION	possibilité d'infection bactérienne grave
praise (the mother)	complimenter, féliciter (la mère)
pre-referral treatment	traitement pré-transfert
pre-service training	formation initiale
premature infant	prématuré
prevention	prévention
preventive interventions	interventions préventives (= interventions de prévention)
problems (other, common, local feeding)	problèmes (autres, habituels, alimentation locale)
pulse (radial)	pouls (radial)
pus (draining from the eye, ear, or umbilicus)	écoulement de pus de l'œil, de l'oreille, ou de l'ombilic
pustules (skin)	pustules (peau)
quality of care	qualité des soins
quinine	quinine
rapid breathing	respiration rapide
rational use of drugs	utilisation rationnelle des médicaments
red eyes	yeux rouges
refer urgently	transférer d'urgence
referral care	soins plus spécialisés (= donnés dans un établissement de niveau supérieur, capable d'assurer la prise en charge)
referral level	niveau de recours
referral-level facilities	établissements de transfert plus spécialisé
rehydrate	réhydrater
rehydrated	réhydraté
rehydration	réhydratation
reinforce skills	renforcer le savoir-faire
relactation	reprise de l'allaitement
to relieve	soulager, traiter les symptômes
restless	agité
return immediately	revenir immédiatement
Ringer's lactate solution	solution de Ringer-lactate
runny nose	nez qui coule
rural medical aide	aide médicale rurale
safe motherhood	maternité sans risque

B. Procedures for Adapting the Charts and Modules

safe remedy	remède inoffensif, (sans danger)
second-line drug	médicament de seconde intention
semisolid foods	aliments semi-liquides
sepsis	septicémie
serious	grave (sévère)
serious bacterial infection	infection bactérienne grave
severe classification	classification grave
SEVERE COMPLICATED MEASLES	rougeole avec complications graves
SEVERE DEHYDRATION	déshydratation sévère
severe disease	maladie grave
SEVERE MALNUTRITION OR SEVERE ANAEMIA	malnutrition sévère ou anémie sévère
SEVERE PERSISTENT DIARRHOEA	diarrhée persistante sévère
SEVERE PNEUMONIA OR VERY SEVERE DISEASE	pneumonie grave ou maladie très grave
severity	gravité
Shigella (dysentery)	dysenterie à Shigella
signs of illness	signes de maladie
skin pinch	pli cutané
SOME DEHYDRATION	signes évidents de déshydratation
soothe	calmer
soothe throat	soulager le mal de gorge
sore nipples	mamelons douloureux
sterile	stérile
sterilization	stérilisation
stiff neck	nuque raide
stool (bloody, loose)	selles (sanglantes, molles)
strategy	stratégie
stridor	stridor
suckling	succion
sugar water	eau sucrée
sulfadoxine + pyrimethamine	sulfadoxine - pyriméthamine
sunken eyes	yeux enfoncés
supervision	supervision
surveillance system	système de surveillance
sustainability	durabilité (parfois : viabilité)
symptoms	symptômes
syringe	seringue

B. Procedures for Adapting the Charts and Modules

syrup	sirop
tablet (drug)	comprimé
target	cible
telangectasia	télangiectasie
temperature (axillary, rectal)	température (axillaire, rectale)
tender swelling (behind the ear)	gonflement douloureux
tetanus toxoid	anatoxine tétanique
tetracycline	tétracycline (f)
thirsty	assoiffé
threshold	seuil
throat	gorge
thrush	muguet
timing device	chronomètre (parfois : minuterie)
traditional healer	guérisseur traditionnel (= tradipraticien)
training modules	modules de formation
to treat	traiter
<i>Treat the child</i>	traiter l'enfant
treatment	traitement
treatment procedures	conduite thérapeutique
treatment steps	étapes du traitement
ulcers (mouth, deep and extensive)	ulcérations (bouche, profondes et étendues)
umbilicus	ombilic
unconsciousness	inconscient
urgent	urgent
urgent attention	prise en charge urgente
vaccine	vaccin (m)
vector control	lutte antivectorielle
very severe disease	maladie très grave
VERY SEVERE FEBRILE DISEASE	maladie fébrile très grave
to vomit	vomir
vomit (noun)	vomissures
vomiting	qui vomit (vomissements)
wall chart	tableau mural
wasted	amaigri (= émacié)
wasting (visible severe)	amaigrissement (visible et sévère) (= émaciation)
weaning foods	aliments de sevrage
weight for age (low)	poids pour l'âge (faible)

B. Procedures for Adapting the Charts and Modules

	(= poids/âge) (= poids par rapport à l'âge)
weight for age chart (growth chart)	courbe poids pour l'âge (fiche de croissance) (courbe poids/âge)
well-child visit	visite d'un enfant bien portant
wheezing	sifflement respiratoire (= respiration sifflante = sibilance)
whipworm	trichocéphale
white patches in the mouth	muguet
wicking (to dry the ear)	placer une mèche (pour assécher l'oreille)
worsen	Empirer (= s'aggraver = se détériorer = se dégrader)
young infant	nourrisson de moins de 2 mois

Annex B-6

Guidelines for writing simpler English

Writing sentences

1. Write short sentences. Short sentences are easier for readers to understand. Some will be shorter, others longer; but, on the average, each sentence should contain no more than 20 words.
2. Avoid complex, embedded sentences and difficult constructions. Write simpler sentences which have only one or two clauses. Only one single idea should be in one simple sentence. Here are two examples of complex construction taken from an earlier version of the course:

"The infant may also have other classifications that require treatment, but these treatments should not be given before referral because they are not urgently needed and would delay referral."

"All young infants in this classification need home care and need to return to the health worker in 14 days, so that the health worker can be sure that the feeding is improving and give additional guidance as needed."
3. Write sentences using the active voice.
 - *"Health workers assess and treat sick children."*
is better than
"Sick children are assessed and treated by health workers."
4. Write statements in a positive form.
 - *"Rehydrate the child before referral."*
is easier than
"Do not refer the child before she is rehydrated."

Choosing words

5. Use simpler, more familiar words. They are easier for the reader to understand.
 - *"Try" is easier than "endeavor" or "attempt".*
"Give" is easier than "administer".
"Injectable antibiotics" is easier than "parenteral antibiotics".

6. Omit unnecessary words.
 - *"I'm hungry."*
is better than
"There is no doubt that I am hungry."
 - *"Try to help the family care for the child."*
is better than
"Do whatever is possible to help the family care for the child."
7. Use consistent wording. Choose the word with the most direct and clear meaning and use the same word every time rather than a related word or synonym. Refer to the List of key words.
 - Always use
"The skin pinch goes back slowly" to use wording consistent with the chart
rather than
"The skin pinch returns slowly" or *"The skin pinch flattens slowly."*
8. Use precise words and avoid idiomatic expressions.
 - Instead of "get":**
 - use *"obtain, find, bring, pick up, receive, catch, locate"*, etc.
 - Instead of "Have the mother bring the child back in 2 days."**
 - use
"Ask the mother to bring the child back in 2 days."
9. The first time essential words unfamiliar to the reader appear, define them.
 - *"Stridor is a harsh noise that is made when the child breathes in."*
"Stridor happens when..."
10. Repeat the same word to help to keep the meaning clear.
 - *"Sick child drugs include cotrimoxazole, chloroquine and iron."*
"These drugs are listed on the chart."
is easier than
"Sick child drugs include cotrimoxazole, chloroquine and iron."
"These medications are listed on the chart."

11. Use simpler conjunctions or adverbs to clarify what is being referred to. For example, avoid *"so, not, as, like, in this way"*, etc. These relationships may be difficult for a less able reader to understand. Instead use *"and"* rather than *"nor"*, use *"because"* rather than *"as"*, etc.
- *"Adults who are sick need treatment."*
"Sick children also need treatment."
is easier than
"Adults who are sick need treatment, as do sick children."
 - *"Pesto has no fever and no rash."*
is easier than
"Pesto does not have fever nor rash."
12. Use simple comparatives. Avoid complicated comparatives.
- *"The child is better."*
is easier than
"The child is relatively better."
 - *"Fever in a young infant is a sign of serious bacterial infection."*
is easier than
"If fever is present in a young infant, it more often means a serious bacterial infection than in an older infant or young child."

Using verbs

13. Use imperative and "you" forms. Avoid passive verb construction.
- *"Advise the mother to return immediately."*
is better than
"The mother should be advised to return immediately."
 - *"Keep the infant at the health centre."*
is better than
"The infant may be kept at the health centre."
14. Use simpler tenses. Use the present tense whenever possible.
- *"The child with cough and fast breathing has pneumonia."*
is easier than
"The child with cough and fast breathing will have pneumonia."

Using pronouns

15. Use a minimum number of pronouns within a sentence to avoid confusion about what is being referred to.
 - *"Tell the mother to feed her child nutritious foods five times per day."*
is easier than
"Tell her to feed it to him five times per day."
16. Keep pronoun references clear.
 - "Shortages of drugs and large case loads make difficult working conditions and discourage health workers, so supervisors should try to change them."* (The reference to "Them" is not clear. What needs changing -- the shortages and case loads, or the health workers?)
17. To help the less able reader follow relationships, include relative pronouns rather than deleting them to help keep the relationships clear.
 - *"This is the same parasite that is found in young children who come to this health centre."*
rather than
"This is the same parasite found in young children coming to this health centre."

Organizing sentences and paragraphs

18. Organize information in sentences and paragraphs according to a logical order such as sequence or time. Use clear transitions to help the reader follow what should happen first, second, etc.
 - *"First, ask the mother to describe how she feeds her child. Next, ask her how often she feeds her child."*
is better than
"Before asking the mother how often she feeds her child, ask her to describe how she feeds her child."
19. Pay attention to the organization of the page. Take any opportunity to break up the monotony of a solid page of text. For example, can any information be placed in a list? Would an illustration help? Can longer paragraphs be broken into shorter paragraphs?

References:

Savage, F. and Godwin, P. (1981). Controlling your language: making English clear. *Transactions of the Royal Society of Tropical Medicine and Hygiene*, 75, No. 4.

Fry, E. (1989). Reading formulas--maligned but valid. *Journal of Reading*, January 1989.

Strunk, W. Jr. and White, E.B. (1972). *The Elements of Style*. New York, NY: McMillan Publishing Co., Inc.

Annex B-7

Checklist for producing adapted materials

CHARTS AND RECORDING FORMS

	Red-pencil all changes	Check changes	Revise on disk	____ Translate key words	____ Check key words	Translate charts & forms	Check translation of charts & forms	Revise translation	Revise or produce on computer	Check	Revise	Proofread	Revise	Prepare for printing	Make copies of boxes for modules	Make copies of boxes for modules
Chart Booklet																
Assess & Classify																
Treat Chart																
Counsel Chart																
Infant Chart																
Sick Child Recording Form																
Infant Recording Form																

MODULES AND FACILITATOR GUIDES

	Red-pencil all changes	Check pencil changes	Enter changes in computer files	Print out changes	Check changes against pencil	Translate modules and FG (see note below)	Check translations	Correct translations	Prepare translated document in format consistent with original	Print out final modules & recording forms	Proof carefully	Tape in chart boxes, illustrations, graphics	Tape in recording forms & write information	Final check of all pages	Final corrections	Proof & correct Table of Contents	Prepare covers for all documents
Introduction																	
Assess & Classify																	
A+C FG & Answer sheets																	
Identify Treatment																	
Id. Treatment FG & Answer sheets																	
Treat the Child																	
Treat FG & Answer sheets																	
Counsel the Mother																	
Counsel FG & Answer sheets																	
Sick Young Infant																	
Young Infant FG & Answer sheets																	
Follow-Up																	
Follow-Up FG & Answer sheets																	
Clinical Practice in Outpatient Clinic																	
Clinical Practice in Inpatient Ward																	
Course Director's Guide																	

Additional Steps

-
-
-
-
-
-
- _____ Prepare video if translation needed
 - _____ Prepare all modules for printing
 - _____ Make facilitator aids for printing
 - _____ Make set of answer sheets for printing
 - _____ Prepare instructions for printers

B. Procedures for Adapting the Charts and Modules

¹ Los términos que pueden ser de género masculino o femenino se mencionan solamente en la forma masculina.

² Creemos que esta debe ser la traducción y no "otitis media aguda", que es un término más restrictivo. Además, si este fuese el sentido, en inglés se habría escrito *acute otitis media*. (Semejantes argumentos pueden darse en el caso de *chronic ear infection*.)

³ Esta equivalencia (IAVRI) es común en español y es la que usamos corrientemente. Sin embargo, para preservar el paralelismo con infecciones respiratorias agudas (IRA), tal vez fuese oportuno cambiar a "infecciones respiratorias agudas bajas", que se abreviaría IRA-B. (Véase la siguiente nota.)

⁴ IAVRS es también común y la que usamos. Si se acepta el cambio sugerido en la nota anterior, sería "infecciones respiratorias agudas altas" y se abreviaría IRA-A. La razón del guión sería simplemente evitar que a simple vista se confundiesen IRA e IRA-A. (En el caso de IRA-B no hay posibilidad de confusión, pero el guión se añadiría para conservar el paralelismo con IRA-A.)

⁵ Todos los medicamentos mencionados en el glosario son denominaciones comunes internacionales y, por tanto, deben ir con minúscula tanto en inglés como en español.

⁶ Esta palabra puede llevar acento o no llevarlo. Se recomienda acentuarla para evitar la confusión con "aureola", error común.

⁷ Hemos venido traduciendo *assess* por "evaluar"; si en inglés hay diferencias entre *assess* y *evaluate*, en el contexto de la AIEPI, habría que traducir *assess* como "valorar", y *evaluate* como "evaluar". Desde luego, esto es válido también para los sustantivos *evaluation* y *assessment*.

⁸ Conviene evitar traducir *clinic* como "clínica", pues en español un establecimiento con este nombre suele tener camas para internar enfermos. En inglés, sin embargo, suele designar un servicio ambulatorio.

⁹ Evítese "asistencia domiciliaria", pues "domiciliario" es lo que se hace a domicilio. Por ejemplo, un hospital puede mandar a sus enfermeras u otro personal a hacer "visitas domiciliarias" o a prestar "asistencia domiciliaria", lo cual es diferente de la atención o asistencia que el paciente recibe de sus familiares en casa.

¹⁰ *Immunization* se usa a menudo para referirse a la vacunación (es decir, la inmunización pasiva). Es claro que el esquema de vacunación y la cartilla o carné de vacunación se llaman así en español. Como ha dicho el Dr. Ciro de Quadros "vacunación no es igual a inmunización"; lo contrario también es verdad "inmunización no es necesariamente igual a vacunación".

¹¹ Aunque "implementación" ya figura en el Diccionario de la Lengua Española, de la Real Academia, su uso se limita al campo de la informática. Por lo tanto, en un sentido general es mejor evitar este anglicismo innecesario.

¹² Este no es un sustantivo (*noun*), sino una forma verbal, el gerundio (*gerund*). El sustantivo sería *improvement*.

¹³ En los documentos de AIEPI se encuentran las dos formas "...atención integrada a las enfermedades..." y "...atención integrada de las enfermedades...". La forma correcta es la segunda (atención de). Ahora que se está preparando el glosario, sería un buen momento para adoptar la forma correcta y uniformar la documentación en lo sucesivo.

¹⁴ Aunque "malaria" es la forma usual en la OPS, cabe señalar que se trata de un anglicismo frecuente en el medio de la asistencia sanitaria, donde se ha dejado sentir más la influencia del inglés. Sin embargo, en los países de habla hispana el común de la gente sigue prefiriendo el término original "paludismo" y sus derivados (antipalúdico, palúdico, etc.). Tal vez quieran ustedes considerar este aspecto al adaptar sus materiales.

¹⁵ Debe ser así, no "desnutrición" como decía originalmente. Este término es traducción de "undernutrition".

¹⁶ En los materiales del AIEPI hemos visto que "serious" indica un grado de gravedad menor que "severe". Por consiguiente, las traducciones correspondientes deben ser "serio" y "grave". (Véase la nota 19.)

¹⁷ Para mantener las distinciones de sentido que existen en inglés, en español se proponen las siguientes equivalencias:

follow-up: seguimiento

monitoring:	monitoreo
surveillance:	vigilancia.

Aunque "monitoreo" no ha sido admitido todavía por la Real Academia, es un neologismo necesario y sancionado por el uso.

¹⁸ A pesar de las tentativas por normalizar las denominaciones comunes internacionales de la OMS, en varios países el nombre utilizado es "acetaminofén", a veces en alternancia con "paracetamol". También es algo que tal vez quieran considerar en sus adaptaciones.

¹⁹ Esta entrada se agregó, pues hace falta, según lo señalado en la nota 16.

²⁰ En inglés, las enfermedades se designan a veces simplemente por el nombre del agente causal, como en este caso. En español, ello no es aceptable y resulta confuso. (Véanse también los artículos *hookworm* y *whipworm*.)